

Name  
in  
Full

Charles R. Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age	7	9	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph H. Baldwin		Father's Birthplace	Md.	
Mother's Maiden Name	Katherine G. Harlan		Mother's Birthplace	Md.	
Name of person giving information	Katherine G. Baldwin		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Le Grayd Mal.

69

How long

10 yrs

Immediate

Grayd Mal.

How long

5 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Buckley  
Laurel Md.

Accident or Suicide?

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Berry	Town	Prince	County	George	MARYLAND
Date of death	1908	Month	Sept	Day	12	Years
Age		Months	9	Days	23	
Sex	Male	Color or Race	Black	Birth-place	Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Md	
Father's Name	Davy Barnes			Mother's Birthplace	Md	
Mother's Maiden Name	Mary Jenkins			How related to deceased	Brother	
Name of person giving information	William Barnes					

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary: Summery Bronchitis

1 month

Immediate: Asthma

3 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J E Sausbury M.D.  
Goresville,  
Md.

Accident or Suicide?

neither

Ridgeley Chapel  
Mine Barns

Name  
in  
Full

William C Boone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Frostville	Puince George	
Date of death	Month	Day	Years
1908	9	29	Age 32-
Sex	Color or Race	Birth-place	Days
male	white	Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife & Husband	—	
Married	Martha Boone		
Father's Name	Henry C Boone	Father's Birthplace	Md
Mother's Maiden Name	Jane Vermillion	Mother's Birthplace	Md
Name of person giving information	Percy Garloe	How related to deceased	Nephew.

CAUSES OF DEATH

166

How long

How long

PHYSICIAN  
OR CORONER

Primary Gunshot wound

immediate

Immediate Shock hemorrhage

unmeasured

Are the name, age, sex, color, date and place correctly given above?

yes

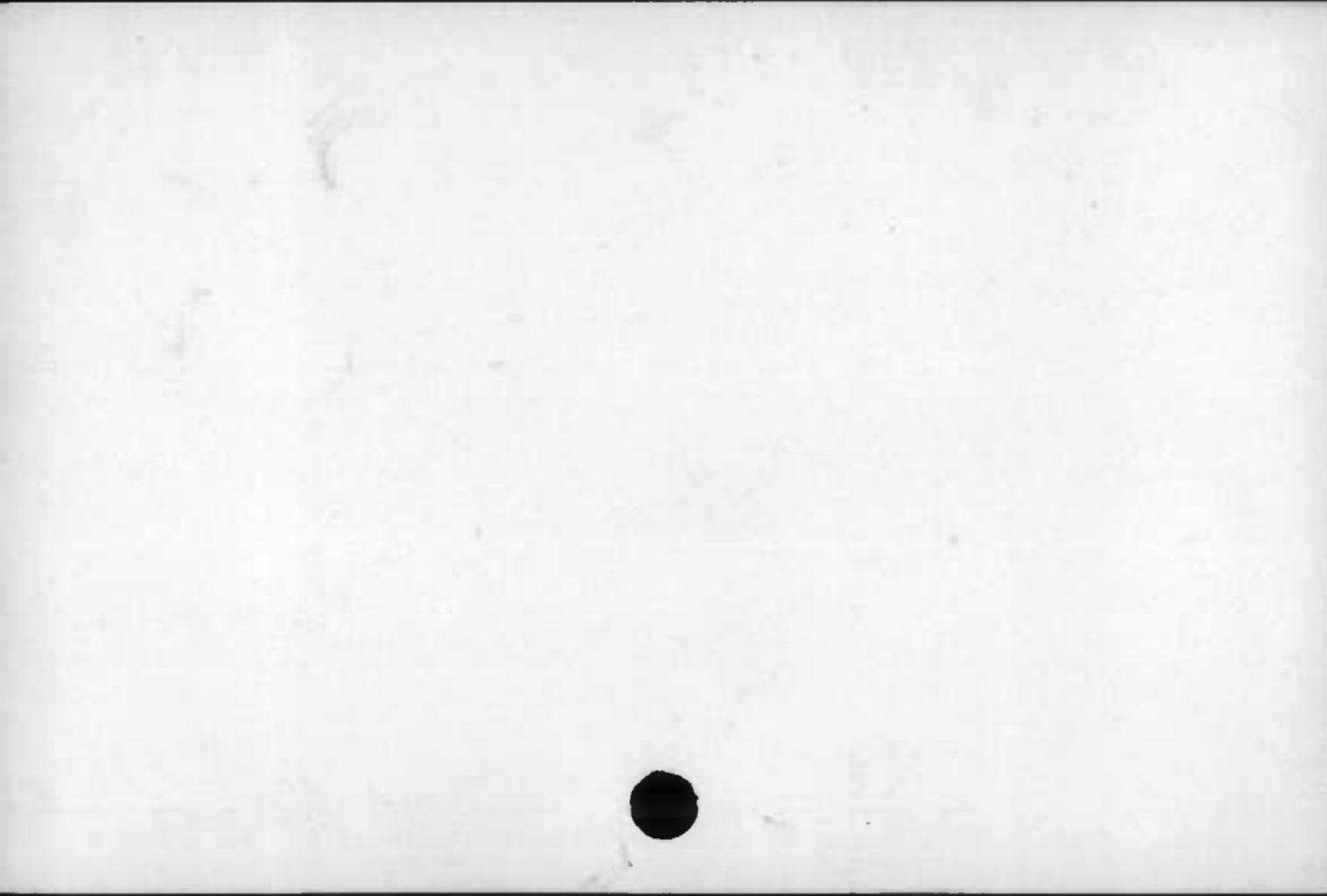
Signature of Physician

Address

John Sunshine D.C.  
Frostville,  
Md.

Accident or suicide?

accident



Name  
in  
Full

Charles A. Bowdell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Prince George	County		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	30	34
Occupation	Merchant		Where Residing if not at place of death	Pomfret Md	
Married, Single or Widowed	Married	Name of Wife or Husband	ella M Bowdell	at place of death,	
Father's Name	Chas A. Bowdell		Father's Birthplace	Md	
Mother's Maiden Name	Mary Ellen Roby		Mother's Birthplace	Md	
Name of person giving information	Perry Bowdell		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	2 months
Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John J. Repleto
		Address	7th Seward. Seward by mail Washington, D.C.
Accident or Suicide?			

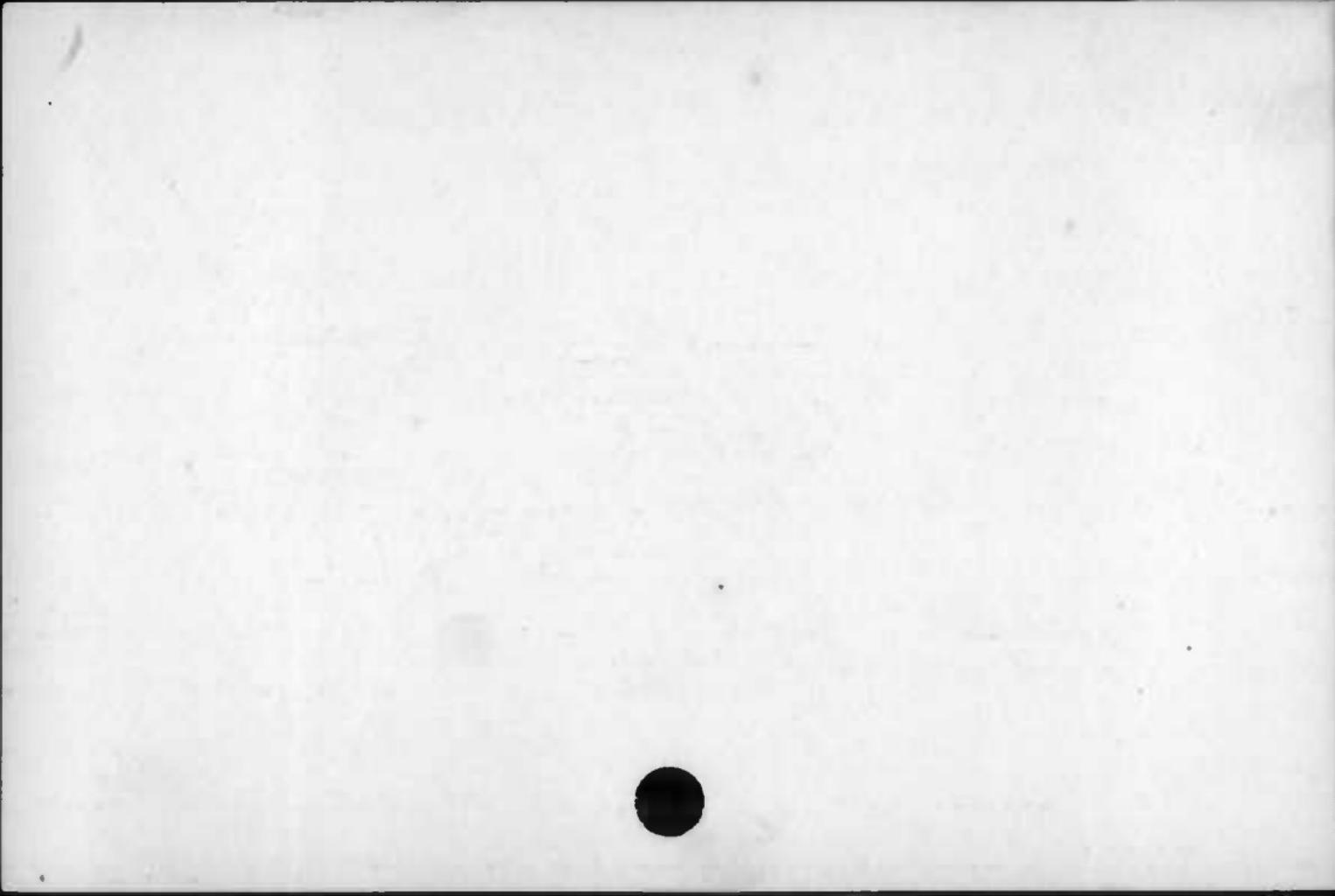


Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

PHYSICIAN OR CORONER	Died at	213	Town	County	MARYLAND		
	Date of death	1906	Month Sept.	Day 6	Years	Months	Days
	Sex	Male	Color or Race	color	Birth-place	MD	
	Occupation	Where Residing if not at place of death					
	Married, Single or Widowed	Single	Name of Wife or Husband				
	Father's Name	Nobie Boyd			Father's Birthplace	Md	
	Mother's Maiden Name	Eusie Hawkins			Mother's Birthplace	Md	
	Name of person giving information	Nobie Boyd			How related to deceased	Father	
	CAUSES OF DEATH						151
	Primary	Marasmus			How long	6 weeks	
Immediate	Sphavation			How long			
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	John A. Cox		
				Address	213, MD		
Accident or Suicide?					MD		



Name  
in  
Full

David Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary S. Brown		
Father's Name	James Thos. Brown				
Mother's Maiden Name	Eliza Ann Giddings				
Name of person giving information	Mary S. Brown				

CAUSES OF DEATH

47

How long

10 months

How long

2 months

Primary

Articular Rheumatism

Immediate

Chronic Endocarditis

Are the name, age, sex, color, date and place correctly given above?

yes

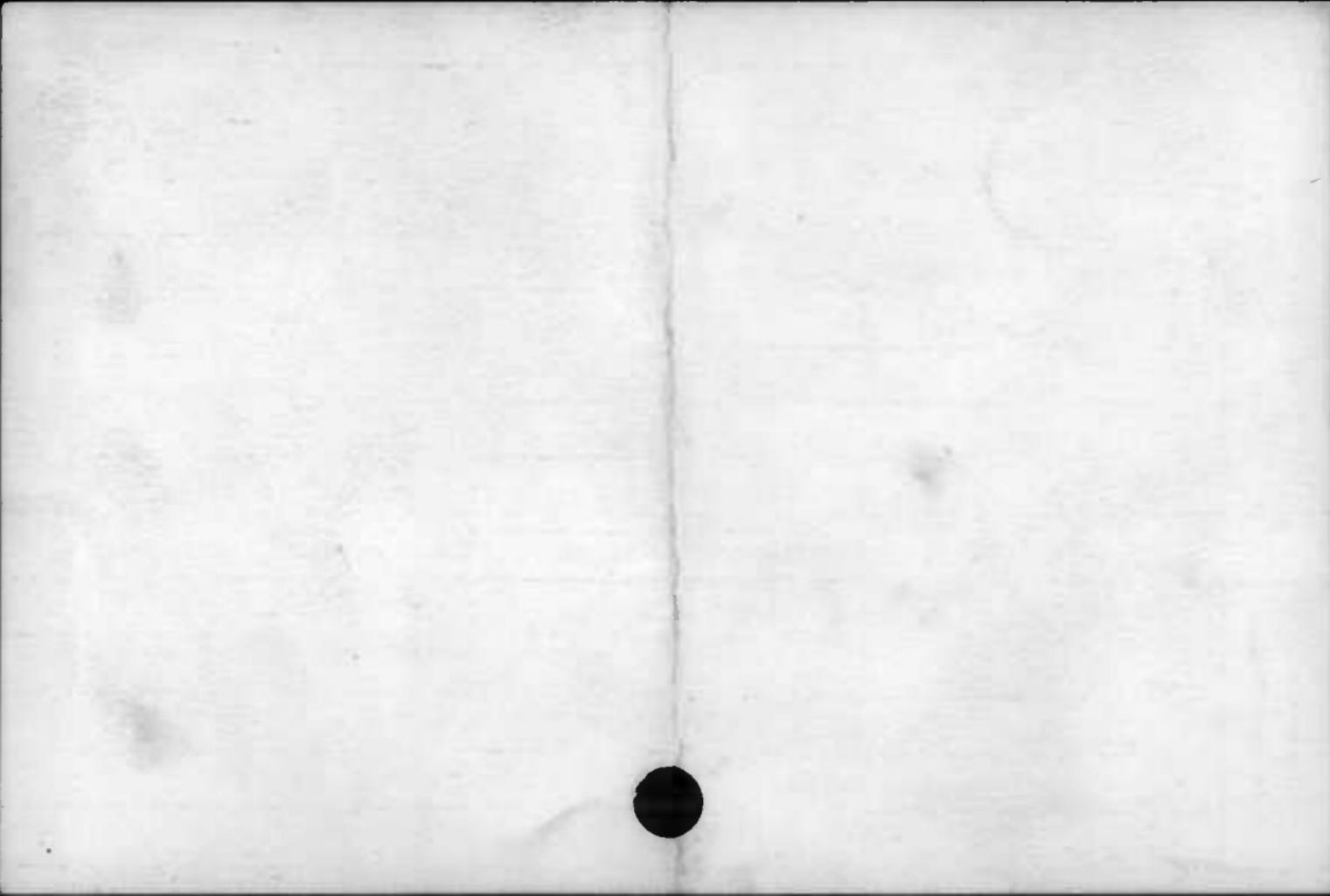
Signature of Physician

A. J. Etienne

Address

Berwyn Md

Accident or Suicide?



Name  
in  
Full

William J. Bryant

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

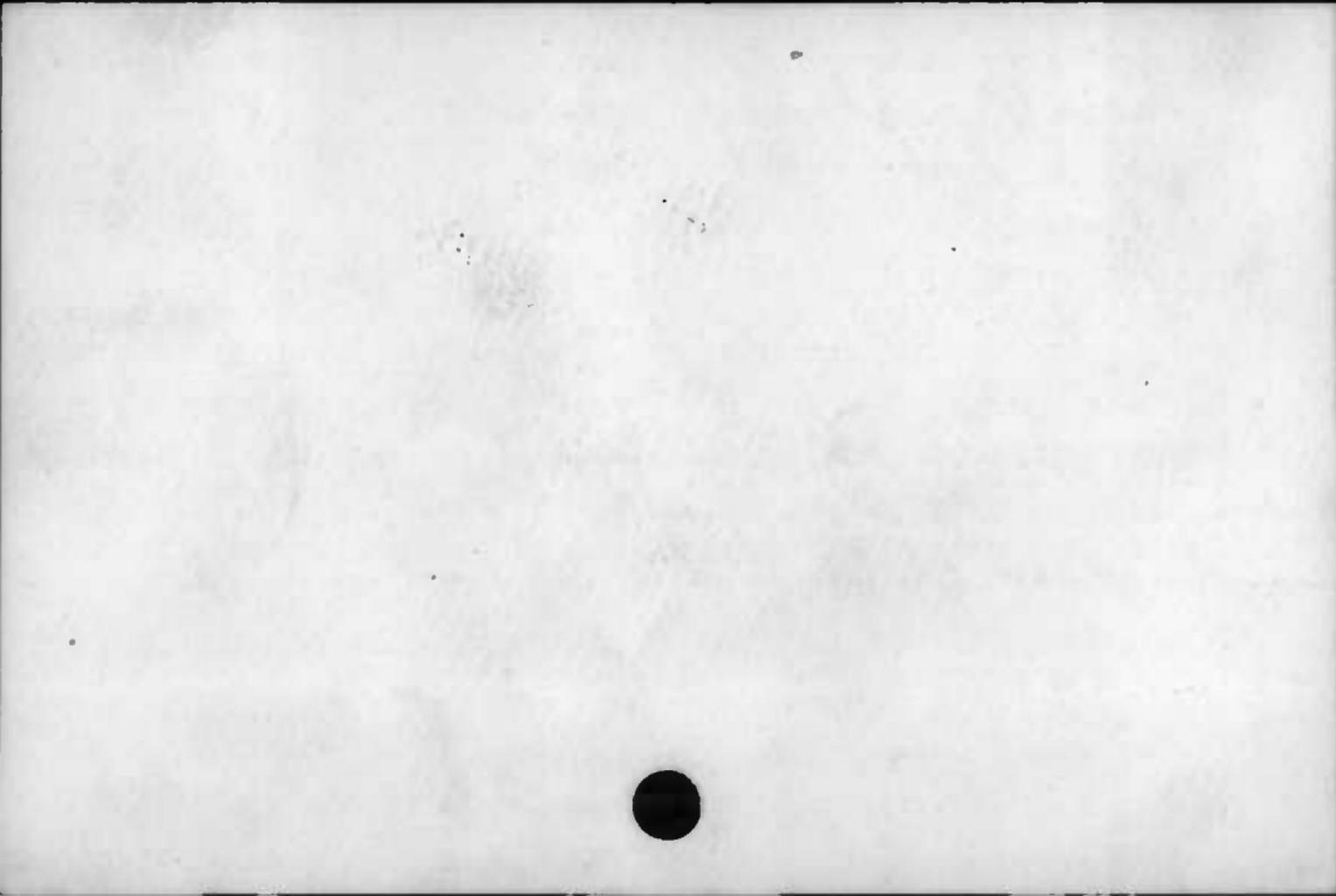
PHYSICIAN  
OR CORONER

Died at Berwyn		Town	Prince George's		County	MARYLAND	
Date of death	Month	Day	Years			Months	Days
1908	September	24th	Ten				
Sex	Male	Color or Race	White			Birth-place	Berwyn Md
Occupation	None			Where Residing if not at place of death		Berwyn Md	
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	George W. Bryant			Father's Birthplace	Maryland		
Mother's Maiden Name	Ella Baker			Mother's Birthplace	"		
Name of person giving information	The father			How related to deceased	Father		

CAUSES OF DEATH

172

Primary	Accidental drowning	How long	—
Immediate	—	How long	John J. Burch.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John J. Burch.
—	—	Address	Courier Berwyn, Md
Accident or Suicide?	—		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Delia Butler

near Piscataway On Gas.

CERTIFICATE OF DEATH

MARYLAND

Died · Town      Died · County  
Date Month Day      Years      Months Days  
of death 1908 Sept 9      —      —

Sex Female      Color or Race Colored.  
Occupation —      Birth-place Pi. Gas. C. Md.

Married, Single —      Name of Wife or Husband —  
or Widowed

Father's Name Henry Butler

Father's Birthplace Chas Co. Md.

Mother's Maiden Name Delia Delaney

Mother's Birthplace Pi. Gas. C. Md.

Name of person giving information Henry Butler

How related to deceased Father

CAUSES OF DEATH

8

Primary

How long

Immediate

How long

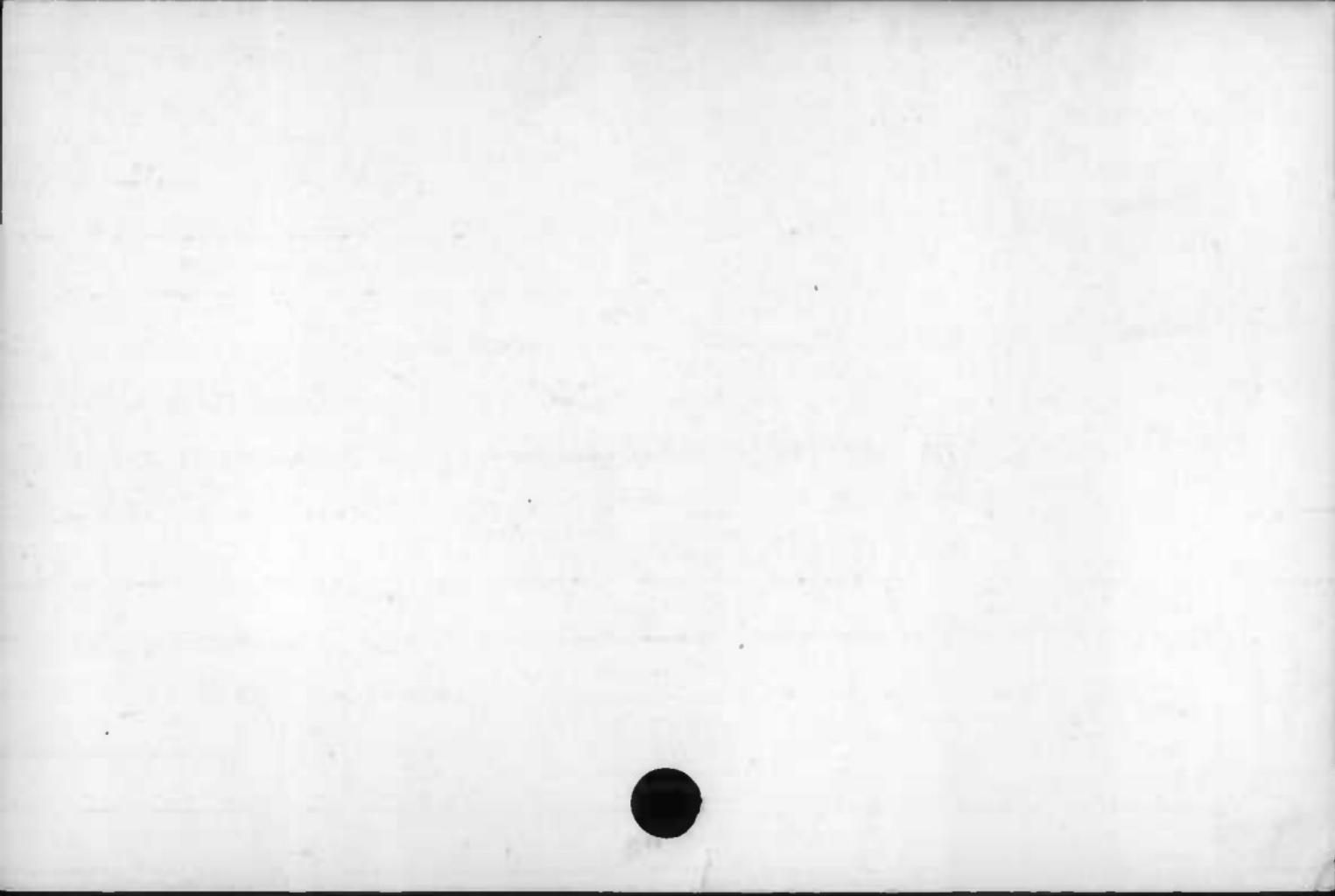
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

E. J. Kurtz, M.D.  
Piscataway.  
272



Name  
in  
Full

X John Adrian Clark

CERTIFICATE OF DEATH

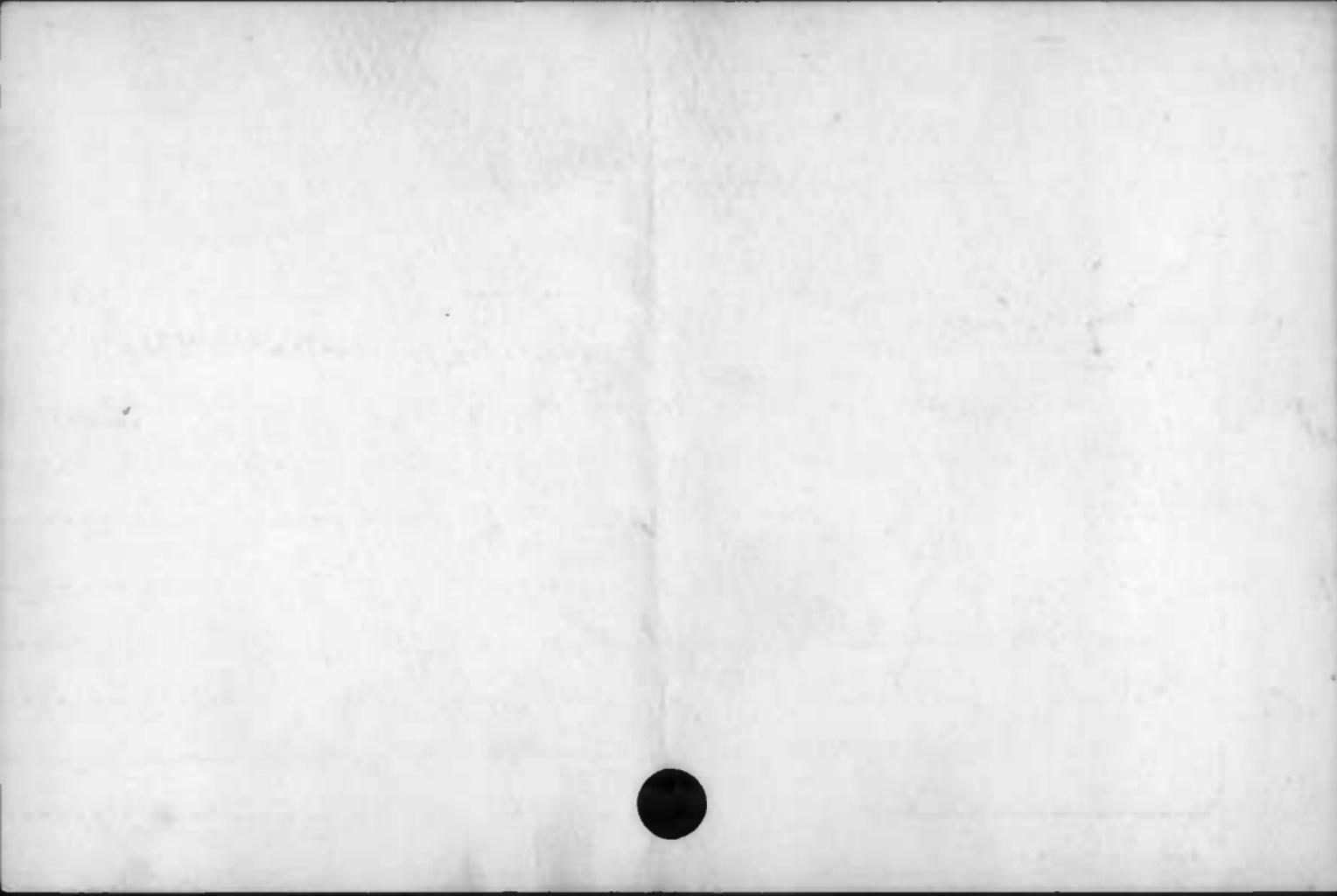
TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Philadelphia	Spouse	George	Month	Days
Date of death	1908 Sept 23	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Philadelphia
Married, Single or Widowed	—	Occupation			
Name of Wife or Husband	—				
Father's Name	Hamilton E. Clark			Father's Birthplace	Va
Mother's Maiden Name	Kellie F. McDonald			Mother's Birthplace	Canada
Name of person giving information	Kellie F. Clark			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diarrhoea	105	How long
Immediate	Exhaustion	pixwicks	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Affred J. Parsons
		Address	Takoma Park Md
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Patrick Conley

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Rosecroft

Dr. Leo

Date

of death 1908

Month

9

Day

11

Years

82

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Miner

Where Residing if not  
at place of death

Married Single  
Widowed

Name of Wife or  
Husband

Reich, Anne Conley

Father's  
Name

Charles Conley

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Butler

Mother's  
Birthplace

Ireland

Name of person giving  
Information

John F. Conley

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

66

How long

10 min

Immediate

Paralysis

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

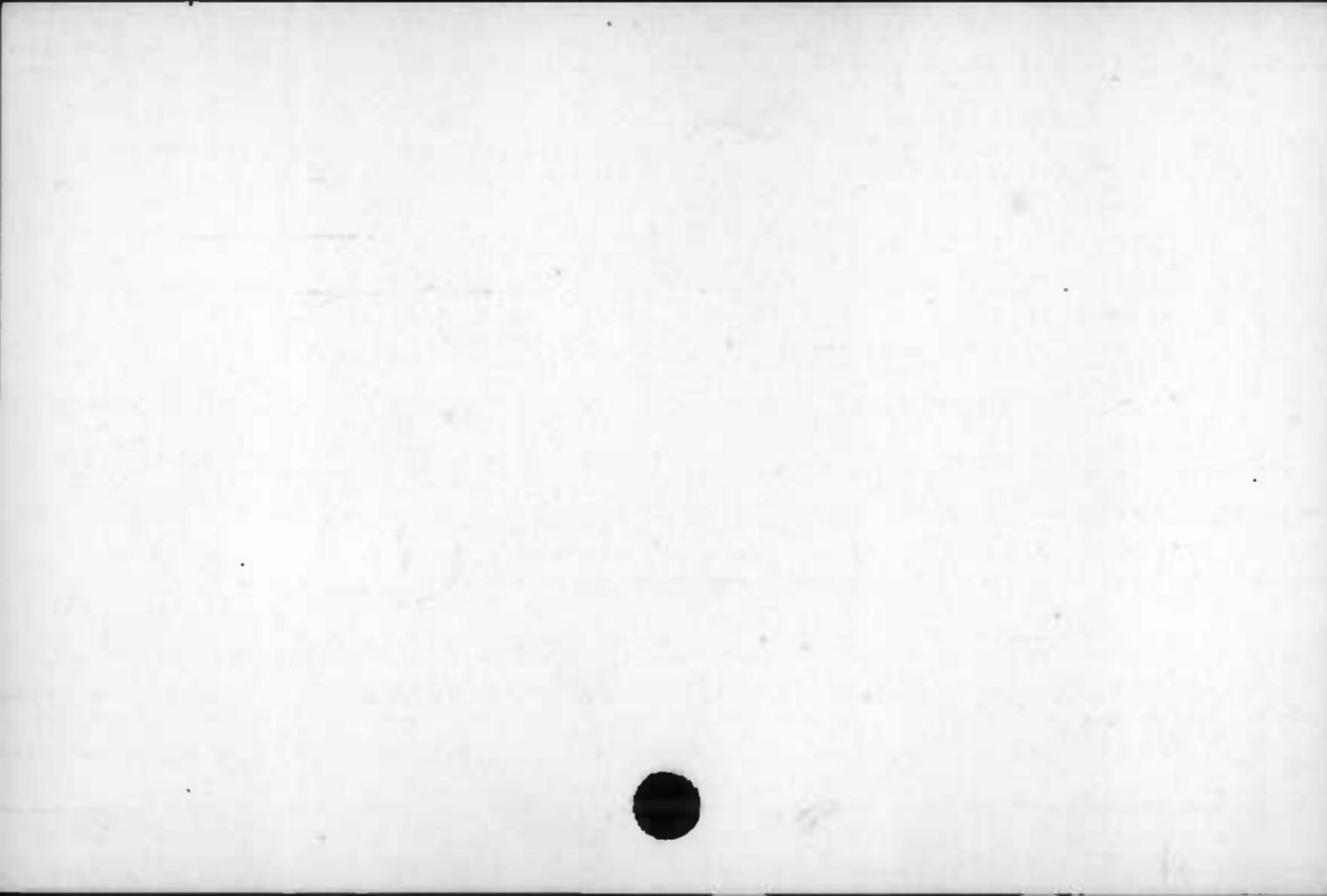
Yes

Signature of  
Physician

Address

J. P. Simpkins  
Rosedale Md.

Accident or Suicide?



Name  
In  
Full

Charles H Curtis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crown Sta</u>		Town	<u>S. C.</u>	County	MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>2</u>	Age <u>85</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Calaret</u>			Birth-place <u>md</u>		
Occupation <u>Farming</u>	Where Residing if not at place of death <u>Susan Curtis</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Curtis</u>					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving Information <u>Mrs W. Curtis</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aphoplexy

64

How long

6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

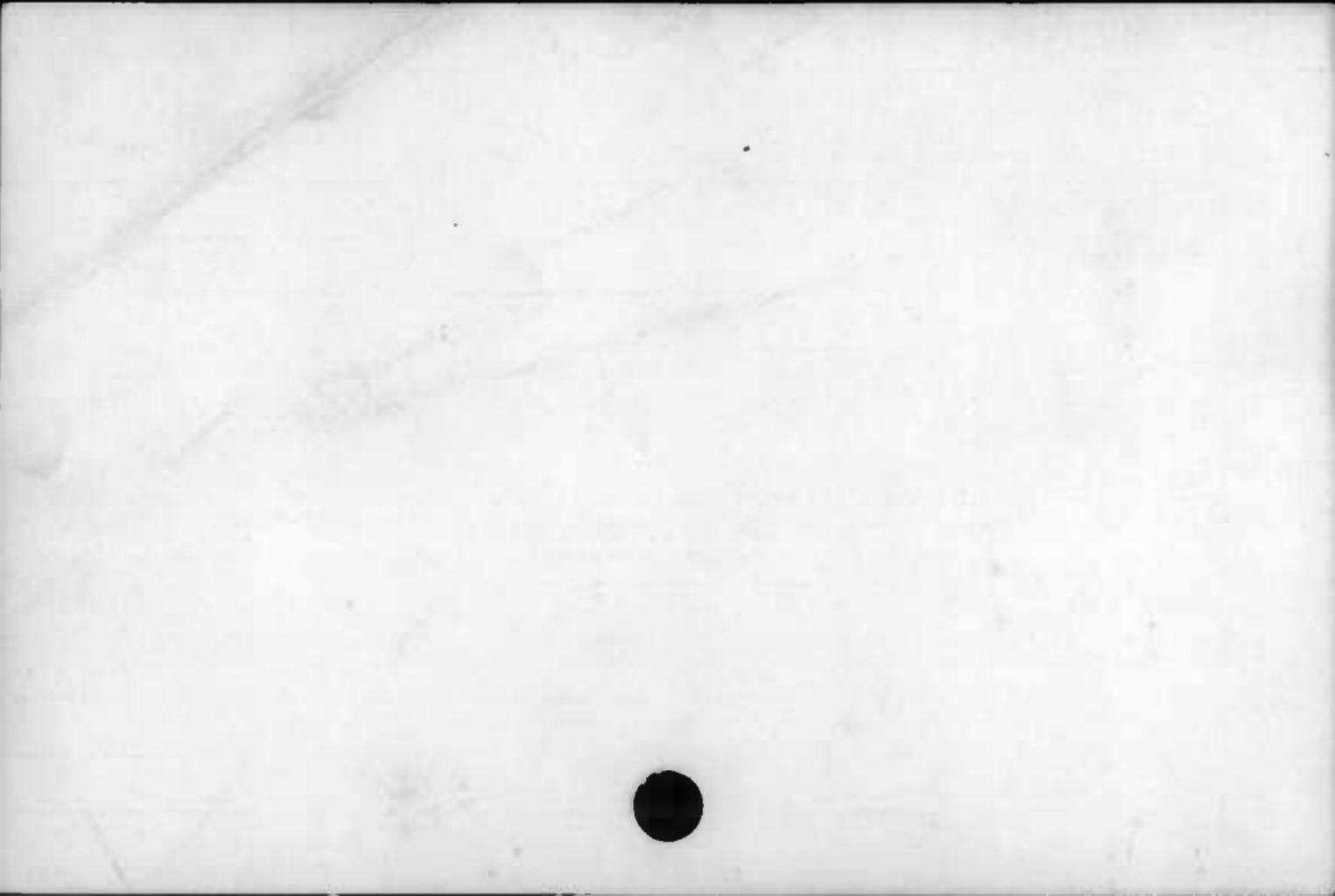
yes

Signature of Physician

Address

W. T. Gibbons  
Crown md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Diggs

Town

Gardnau

County

Prince George

MARYLAND

Died at

Date  
of death

Month

Day

Years

Months

Days

1908 Sept.

22

Age

60

Sex

Male

Color or  
Race

colored

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Georgina Robbs

Father's  
Name

Jordan Diggs

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sahra Diggs

Mother's  
Birthplace

Md  
wife

Name of person giving  
Information

Georgina Diggs

How related  
to deceased

## CAUSES OF DEATH

85°

How long

Primary

Natural Causes

9 weeks

Internal hemorrhage caused fainting

Immediate

loss of blood

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Augustus H. Dohler

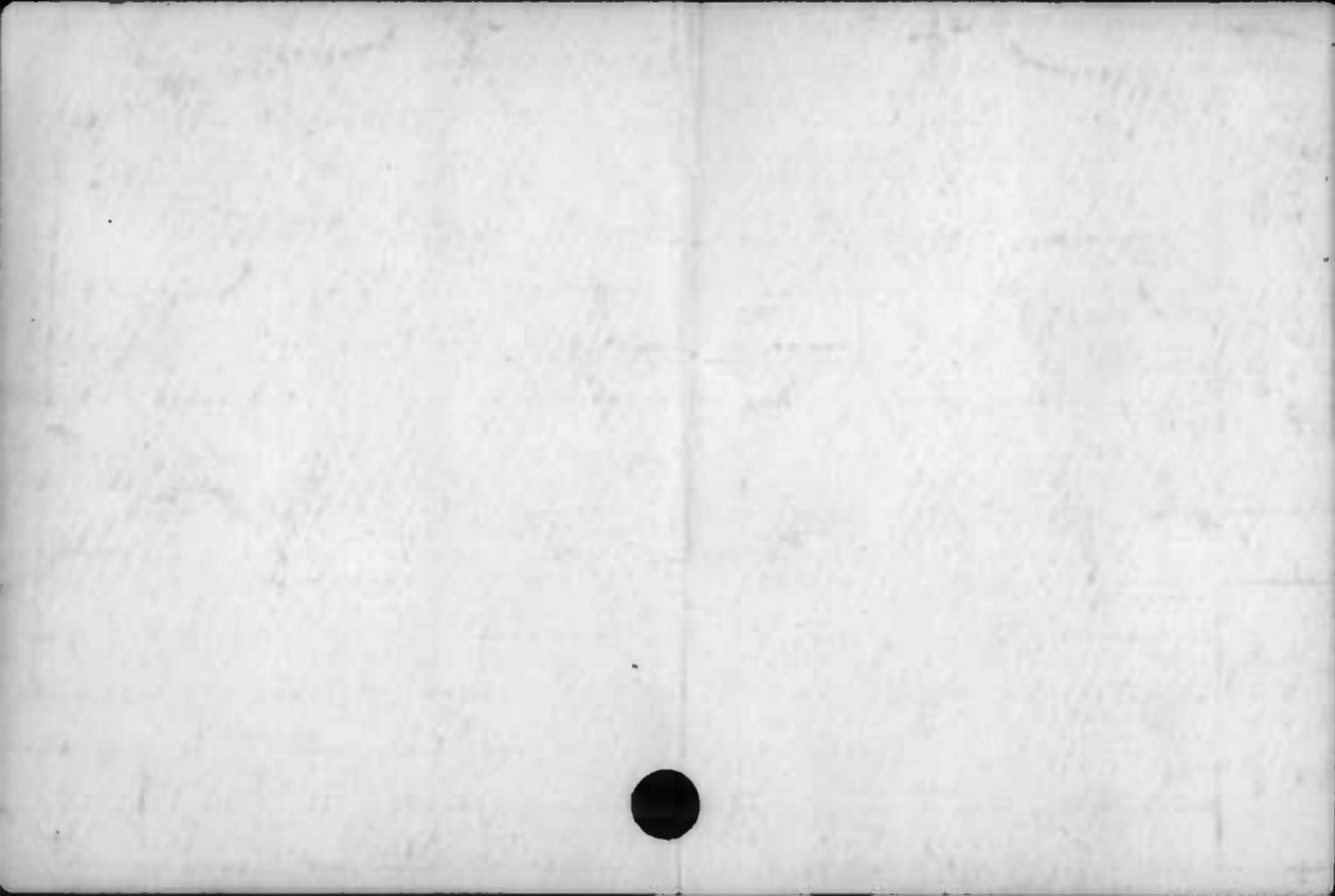
Yes

Address

Acting Coroner

Accident or Suicide?

Bladensburg Md



Name  
in  
Full

Vineent Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Marlboro		R. Leo.			
Date of death	Month	Day	Years	Months	Days
1908	Sept	6	20	—	—
Sex	Color or Race	Age	Birth-place		
Male	Black	20	Dr Leo C. G.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	Marie Diggs	Father's Birthplace			
Mother's Maiden Name	Diggs	Mother's Birthplace			
Name of person giving information	Pat Diggs	How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Pentium

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

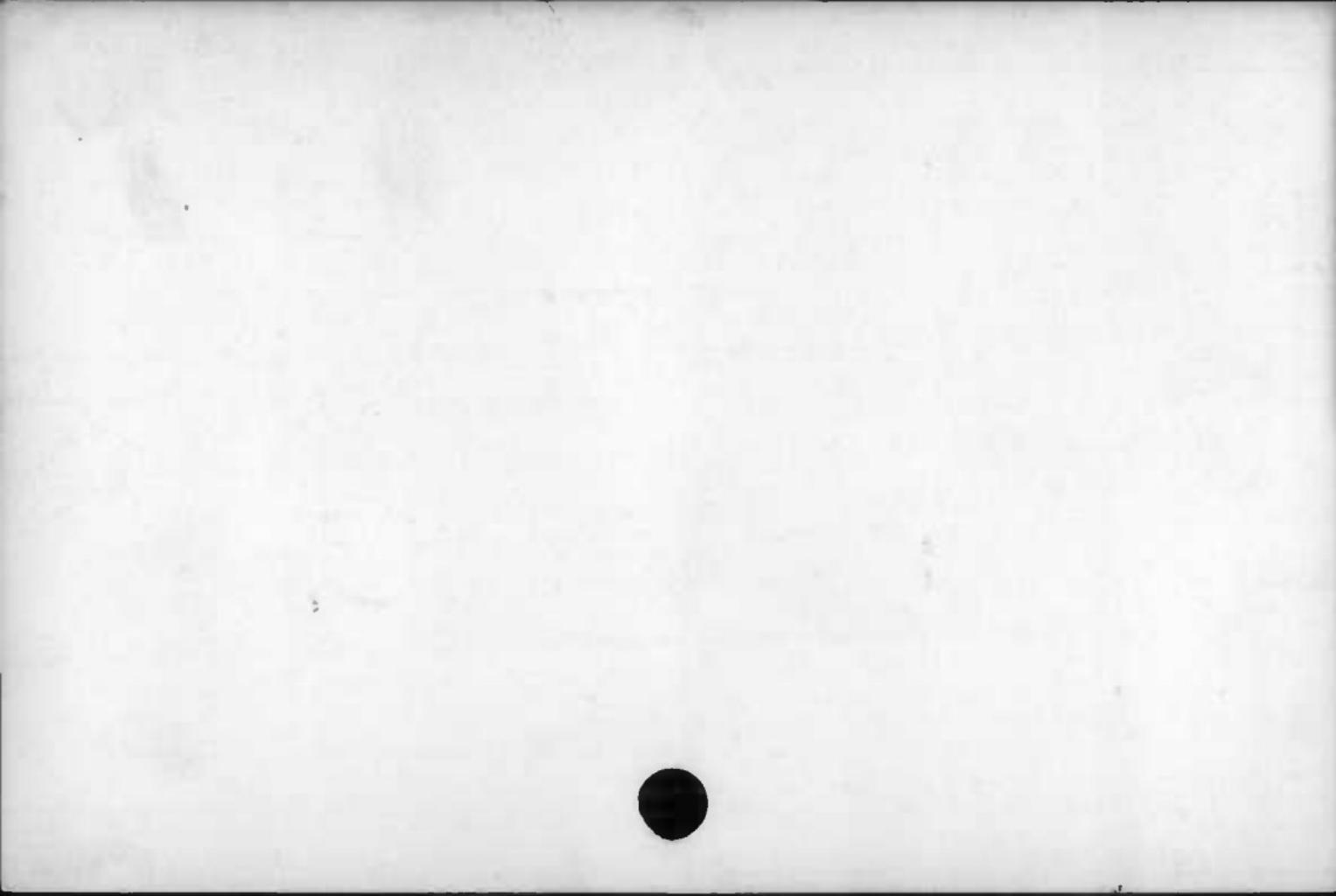
Address

S. Griffith

Upper Marlboro Md

Accident or Suicide?

15/1908 first time



Name  
in  
Full

Julia Dodson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Sept.	23	About 60
Sex	Color or Race	Birth-place	Days
Female	Colored	Ind.	—
Occupation	Where Residing if not at place of death		
Domestic	—		
Married, Single or Widowed	Name of Husband	Adam Dodson	
Married	Adam	Father's Birthplace	Unknown
Father's Name	Elias (?) Diggs	Mother's Birthplace	Unknown
Mother's Maiden Name	"Lucy" (Unknown)	How related to deceased	Son
Name of person giving information	William Dodson		

CAUSES OF DEATH

40

How long Been comfing  
for a year

How long

Primary Cancer of Liver

Immediate Exhaustive discharge into bowels 15 days

Are the name, age, sex, color, date and place correctly given above?

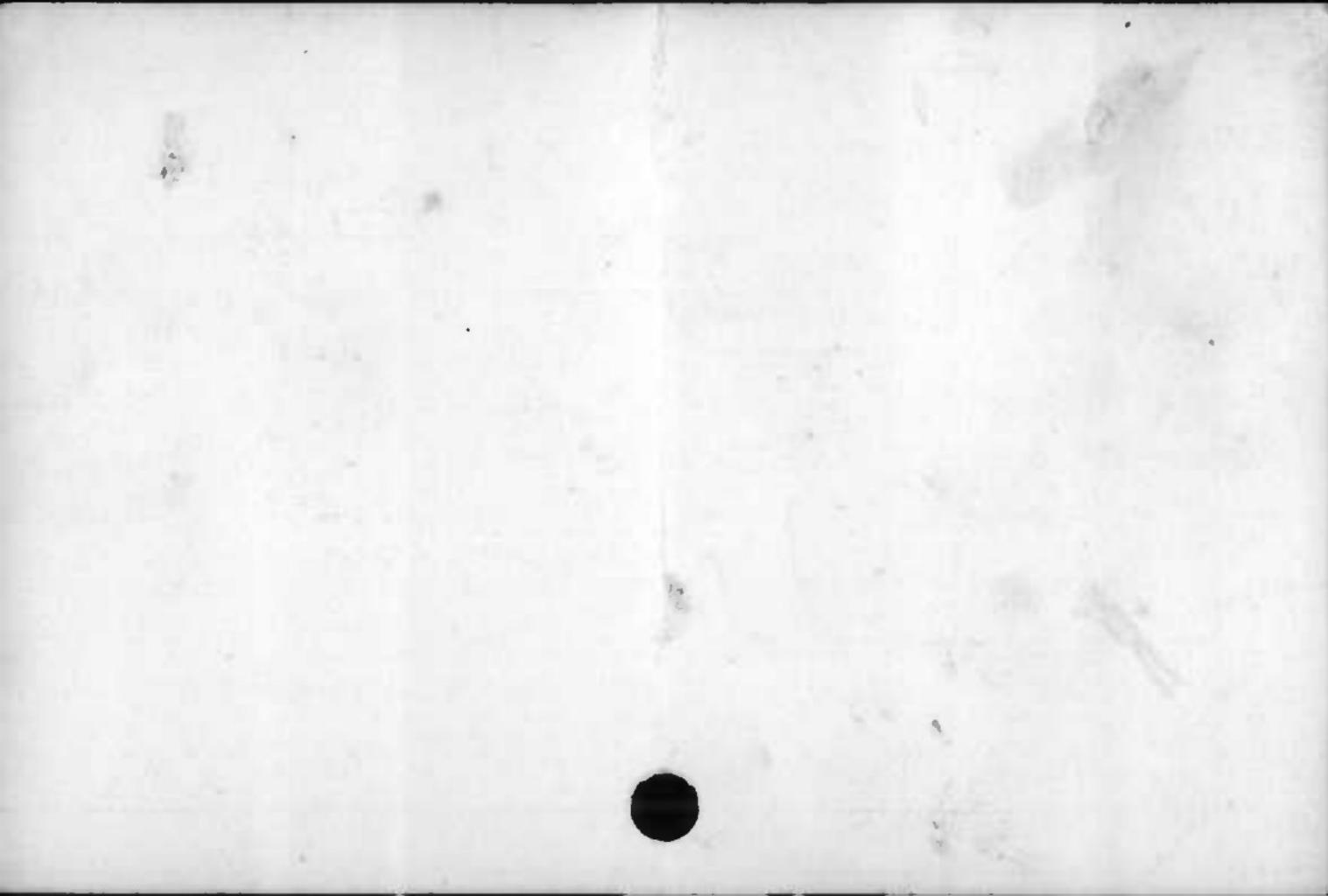
Signature of physician

Address

CWT Burdall M.D.

Hyattsville  
Md

Accident or Suicide?



Name  
in  
Full

Sarah S. Duvall.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White.	Birth-place	Fauquier Co. Va.	
Occupation	Where Residing if not at place of death		Fauquier Co. Va.			
Married, Single or Widowed	Name of Wife or Husband	John P. Duvall.		Fauquier Co. Va.		
Father's Name	Mo. Brown.		Father's Birthplace	Va.		
Mother's Maiden Name	Unknown		Mother's Birthplace	Va.		
Name of person giving information	Benj. Duvall.		How related to deceased	Son.		

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Paresis

How long

11 Mo

Immediate

Paralysis

How long

3 days.

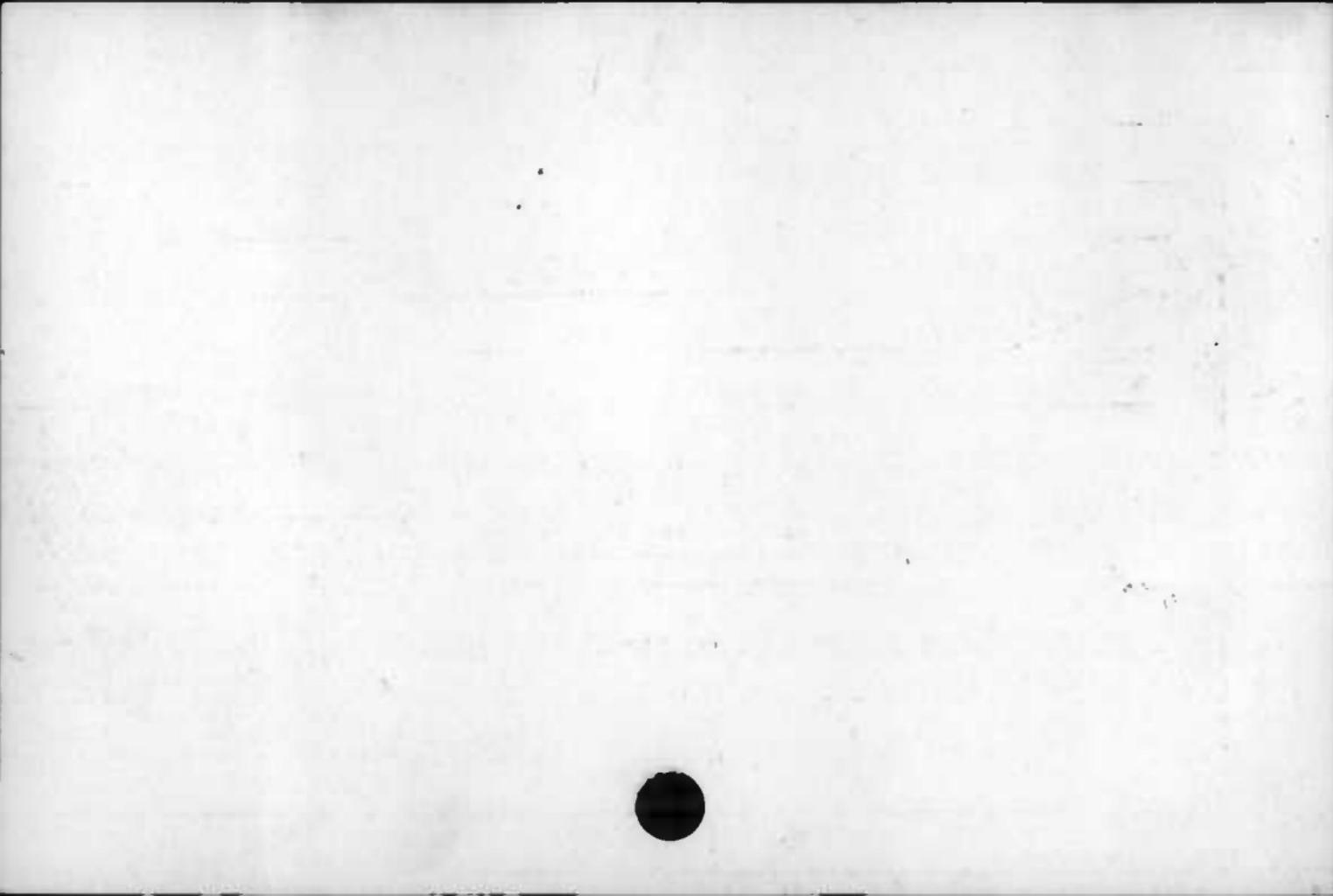
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Kuntz  
Laurel, Md.

Accident or Suicide?



Name  
in  
Full

Ford.

no 2  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Days Mr. Hard		
Mother's Maiden Name	Sophie M. Patterson		
Name of person giving Information	Mrs Mr. Hard		

CAUSES OF DEATH

Primary

Lid Liver

How long

Immediate

—

How long

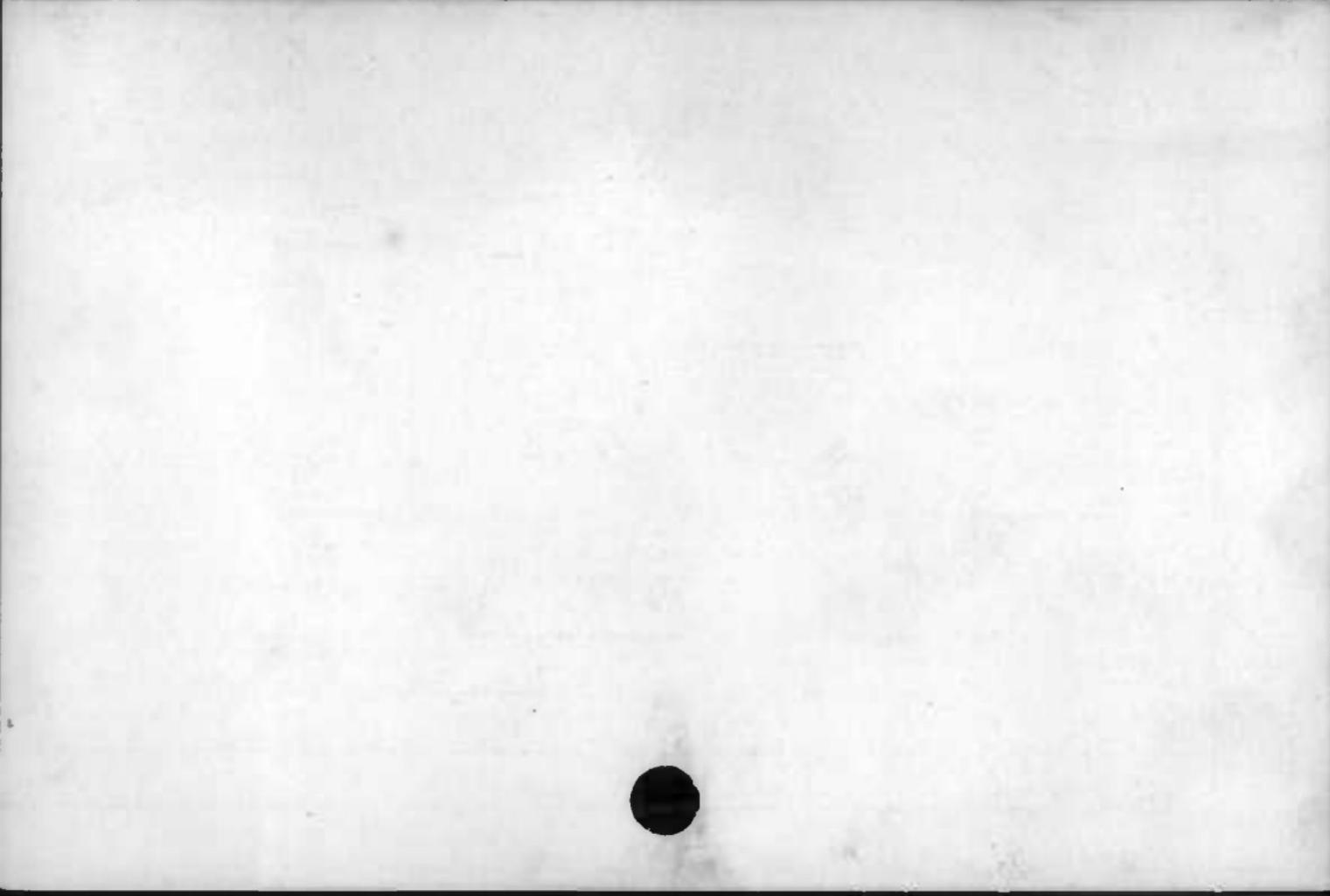
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jas M. Owsillah,  
Springfield Md.

Accident or Suicide?



Name  
in  
Full

George W. Forrest.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND		
Died at	Allentown	Px Geo.				
Date of death	Month	Day	Years	Months	Days	
1908	9	13	51	-	-	
Sex	Color or Race	Birthplace				
Male	Colored	Md.				
Occupation	Where Residing if not at place of death					
Farmer						
Married, Single or Widowed	Name of Wife or Husband	Emma Johnson Forrest.				
Father's Name	Nathaniel Forrest.					
Mother's Maiden Name	Lucy Dorsay					
Name of person giving Information	Emma Forrest.					

CAUSES OF DEATH

Primary

Fatty Heart

79

How long

2 weeks

Immediate

Congestive Chills

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

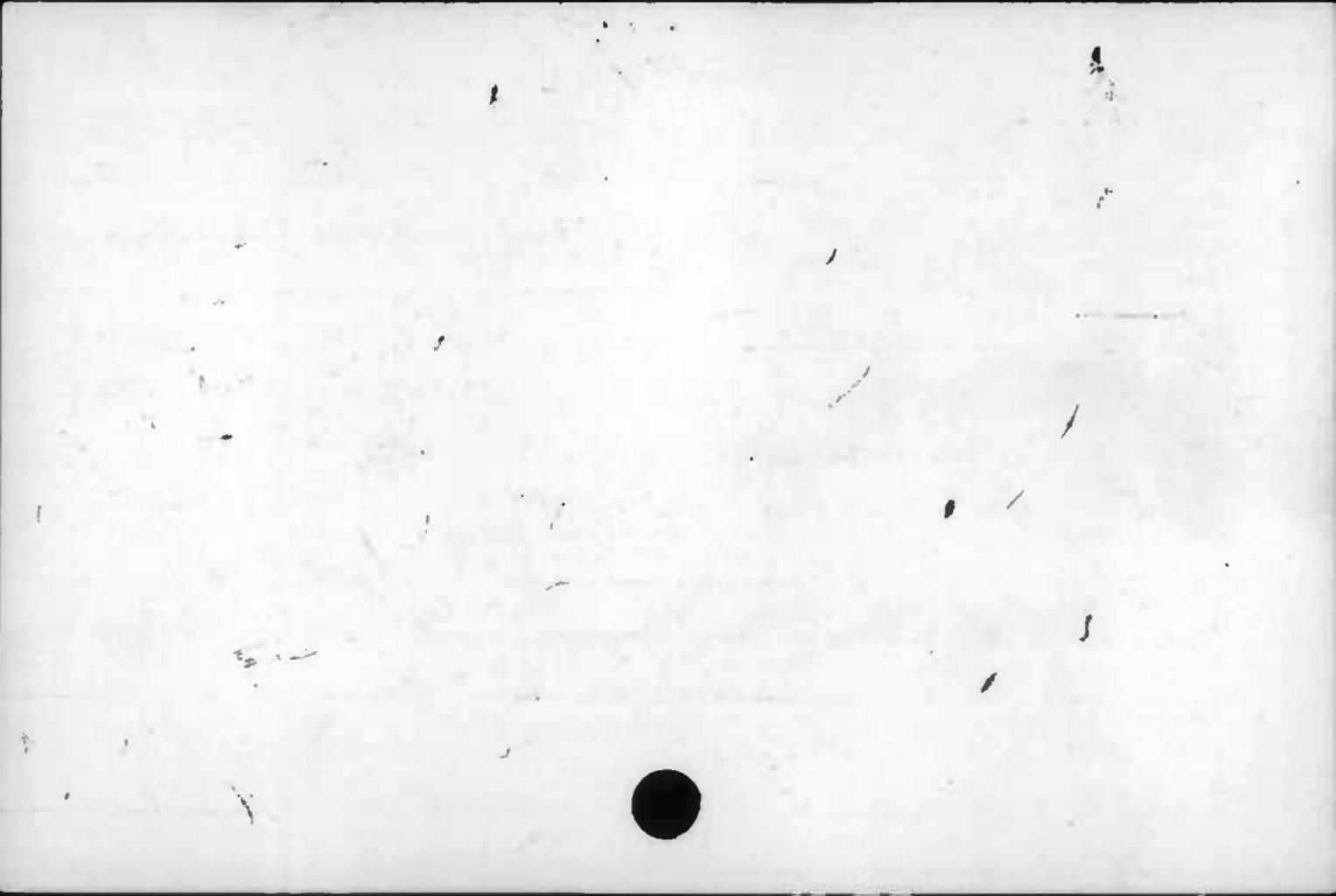
Yes

Signature of Physician

Address

E.P. Simpson M.D.  
Rosedale Md.

Accident or Suicide?



Name  
in  
Full

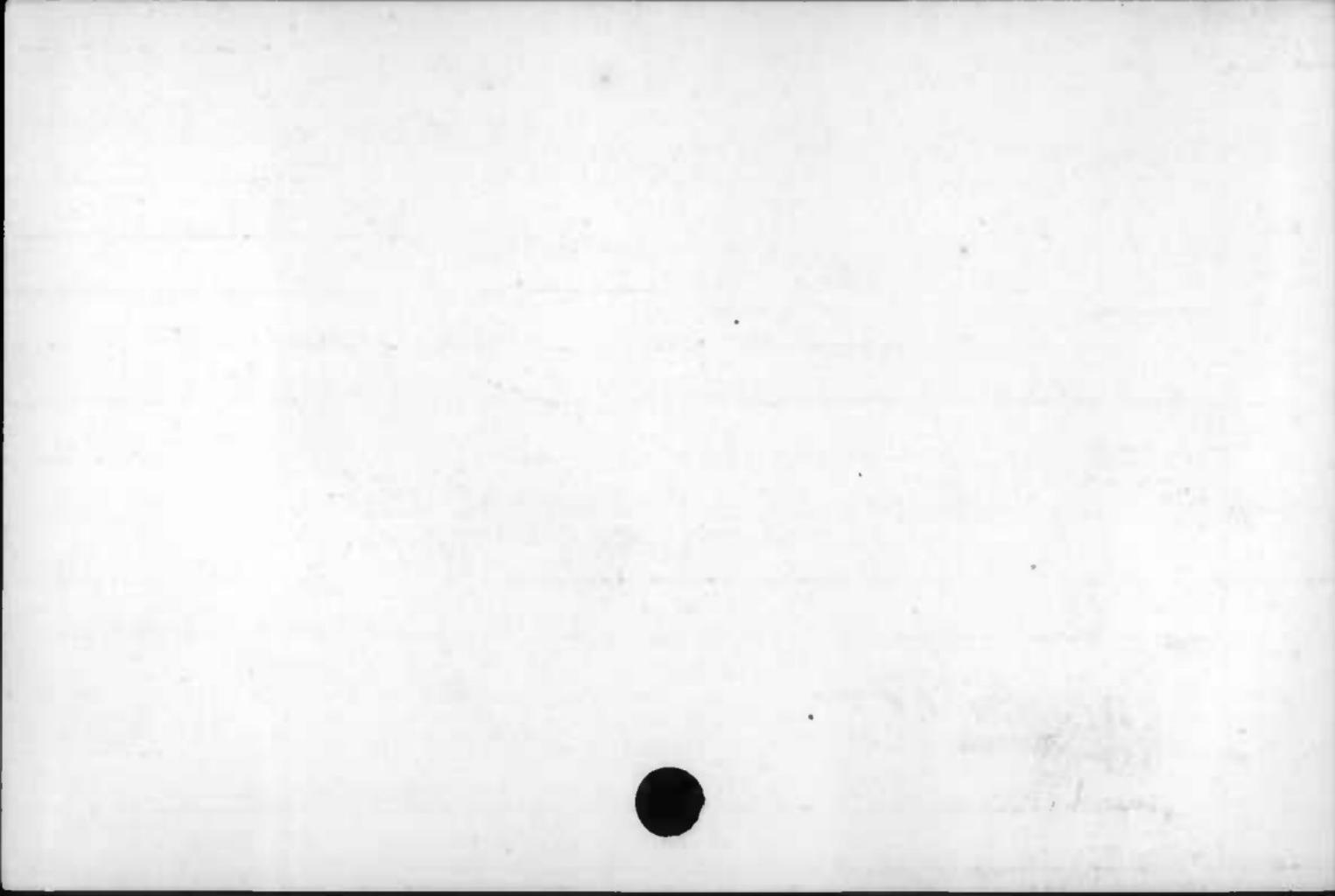
Rebekah Gant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Rosecroft	Princess		Months	Days	
Date of death	Month	Day	Years	Months	Days
1908	9	12	103	—	—
Sex	Color or Race	Birth-place			
Female	Colored	Md.			
Occupation	Where Residing if not at place of death				
Housewife	Lat. Daniel Gant'				
Widowed	Name of Wife or Husband	Father's Birthplace			
	Laura	Southanger			
Father's Name	Mother's Birthplace				
Curkin	Southanger				
Mother's Maiden Name	How related to deceased				
Curkin	Grandson				
Name of person giving information	Primary				
Daniel Gant	Diarrhoea				
	Immediate				
	Exhaustion of vital force				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	106		
		E.P. Simpson M.D.	How long	Several days	
			How long	—	
Address	Rosecroft Md.				
Accident or Suicide?					

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Alexander Hamilton Grimes

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Oxon Hill	Br. Co.		Months	—	Days
Date of death	Month	Day	Years	—	—
1908	9	4	69	—	—
Sex	Color or Race	Age	Birth-place		
Male	White	69	Md.		
Occupation	Where Residing if not at place of death				
Farmers	Home				
Married, Single Widowed	Name of Wife or Husband	Nannie Grimes			
Father's Name	An obtainerable				
Mother's Maiden Name	D.K.				
Name of person giving information	How related to deceased				
Ray Grimes	Son				

CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary

Alcoholism chronic

How long

Life

Immediate

Vomiting & Exhaustion

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

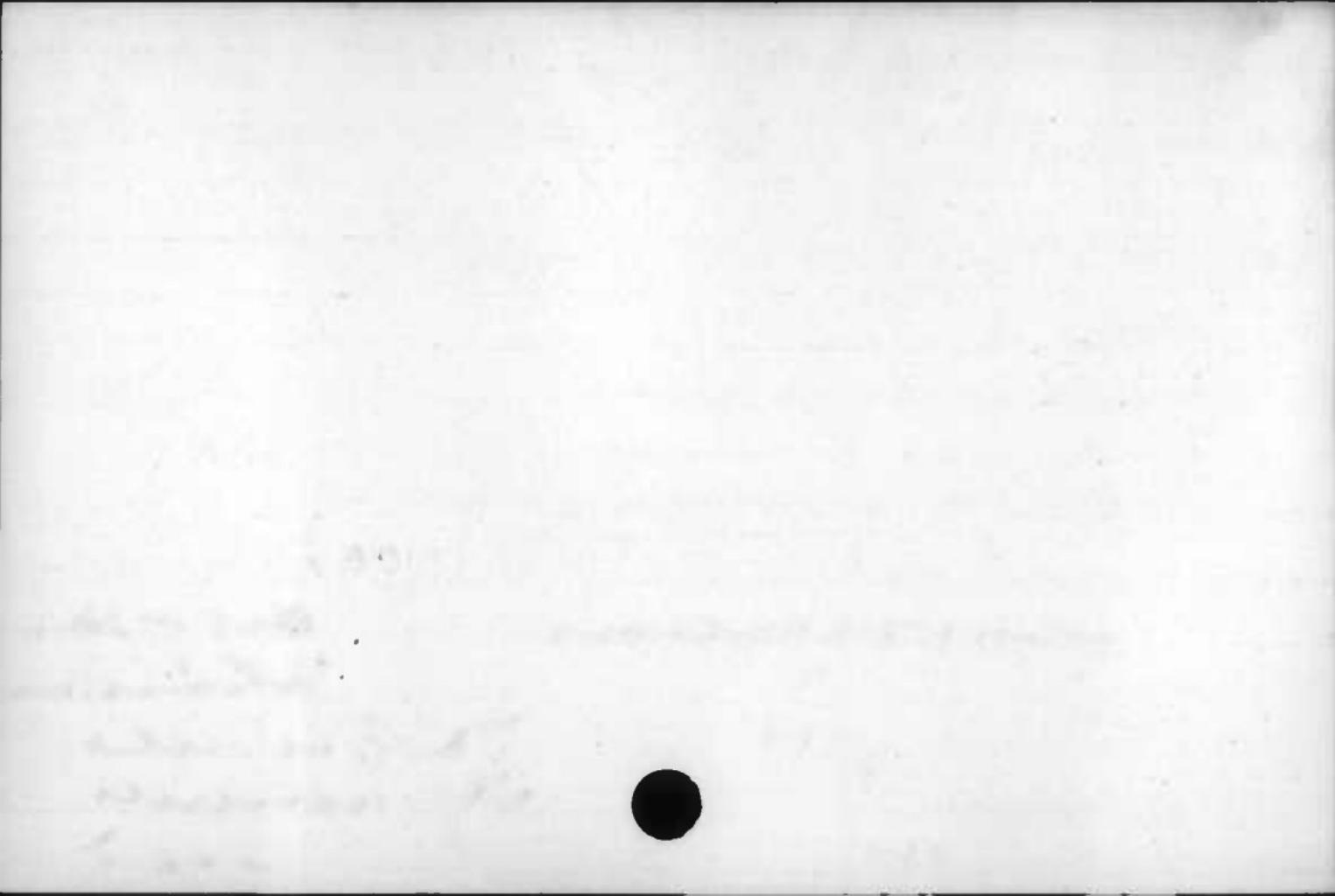
Signature of Physician

E.P. Simcock, M.D.

Address

9 Rosecrans St. Md.

Accident or Suicide?



Name  
in  
Full

Wm. L. Haganus

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Riverdale Prince Geo.

1908 Sept 9 52 - -

Male white W Va

Commercial trader

Single

George M. Haganus

Faile S Lowry

Parriett Haganus

27

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

one year

Immediate

"

How long

extinction

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. C. Willis

By attorney

Accident or Suicide?

No

col J. L.

Mrs H. J. Blagum

4:20 o'clock.

Name  
in  
Full

26 L. D. Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Name of Wife or Husband	
Married, Single or Widowed	Father's Name	Name of Father's Birthplace			Mother's Birthplace
Mother's Maiden Name	Name of Mother's Birthplace			How related to deceased	
Name of person giving information					
CAUSES OF DEATH					
Primary	1			How long	
Immediate	3 weeks			How long	

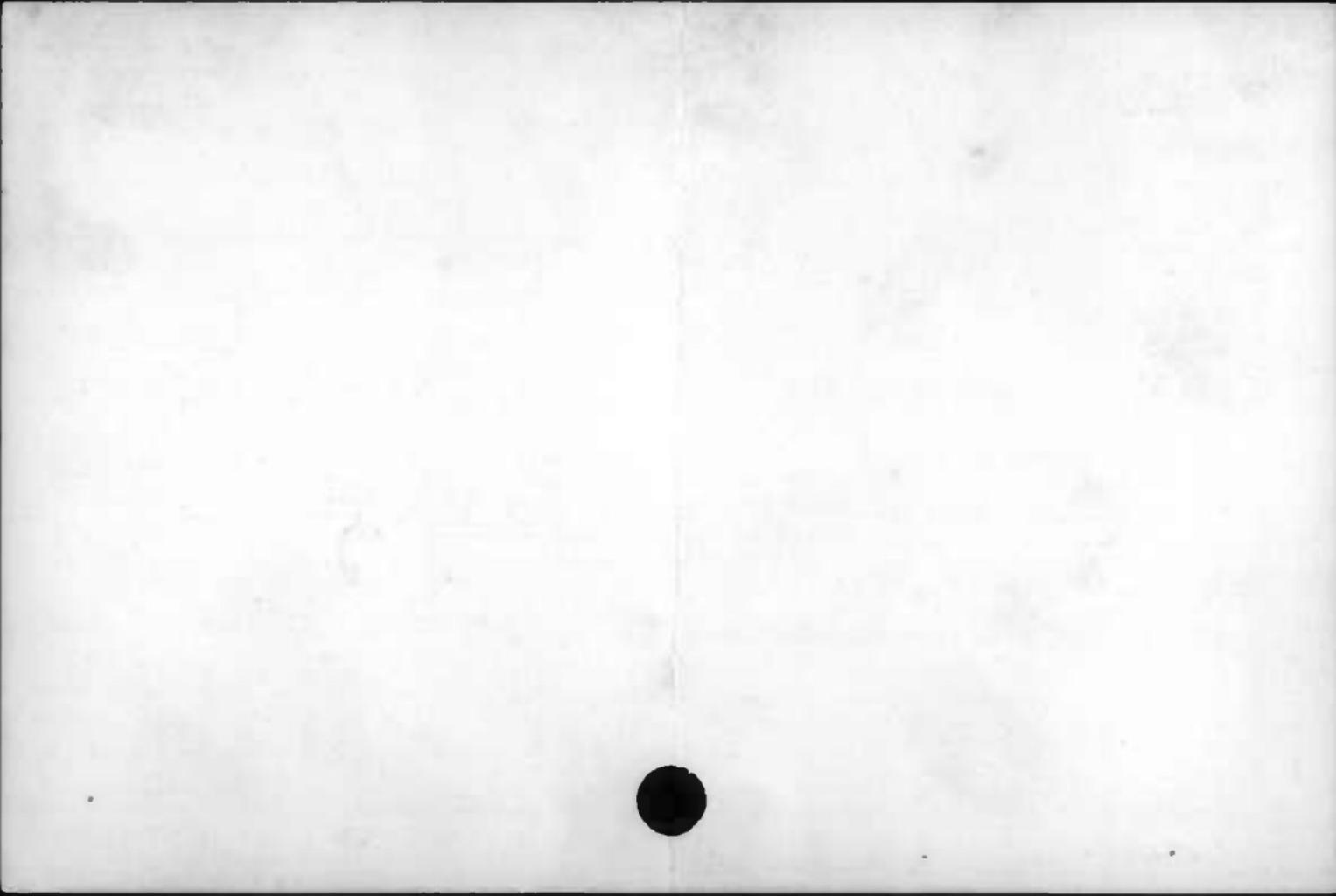
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

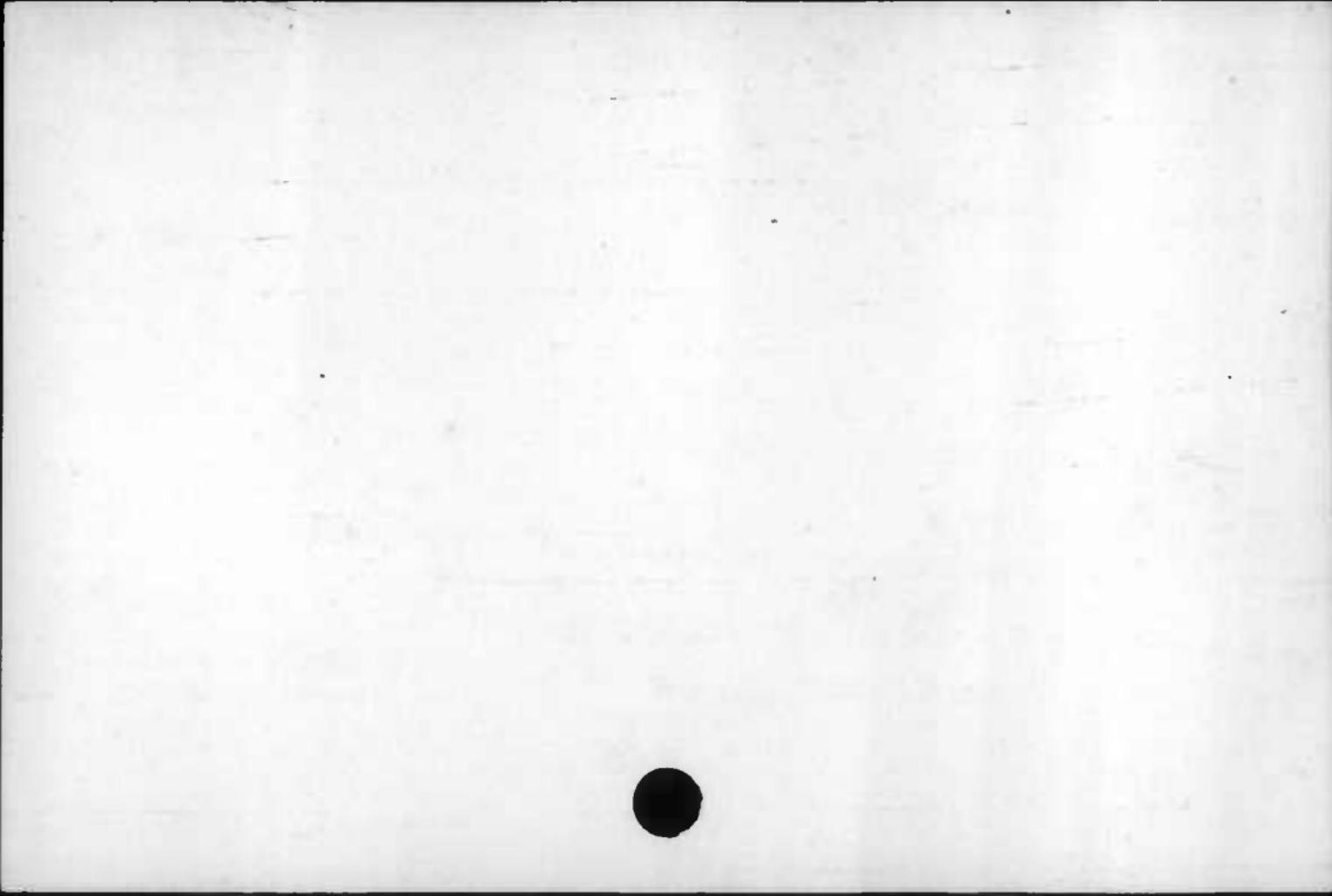


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	Hutton Pr. Ger		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George S. Hutton				
Mother's Maiden Name	Rosa Brown				
Name of person giving information	Geo. S. Hutton				
CAUSES OF DEATH					
Primary	S				
Immediate	How long				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Accident or Suicide?	Signature of Physician Address				
E.P. Simpkins MD Rosecroft Md.					



Name  
in  
Full

Sophia Hatton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1908	Sept -	3 <sup>rd</sup>	Age	48
Sex	Color or Race	Birth-place		
Female	white	Md		
Occupation	Where Residing if not at place of death			
Hauswife	J William F. Hatton			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace		
Mrs	J William F. Hatton	Mel		
Father's Name	Philip Edelen			
Mother's Maiden Name	Fanny Steed			
Name of person giving Information	James Edelen			

CAUSES OF DEATH

104

How long

4 months

How long

24 hours

Primary

Chronic atrophic Gastritis

Immediate

acute inflammation & heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

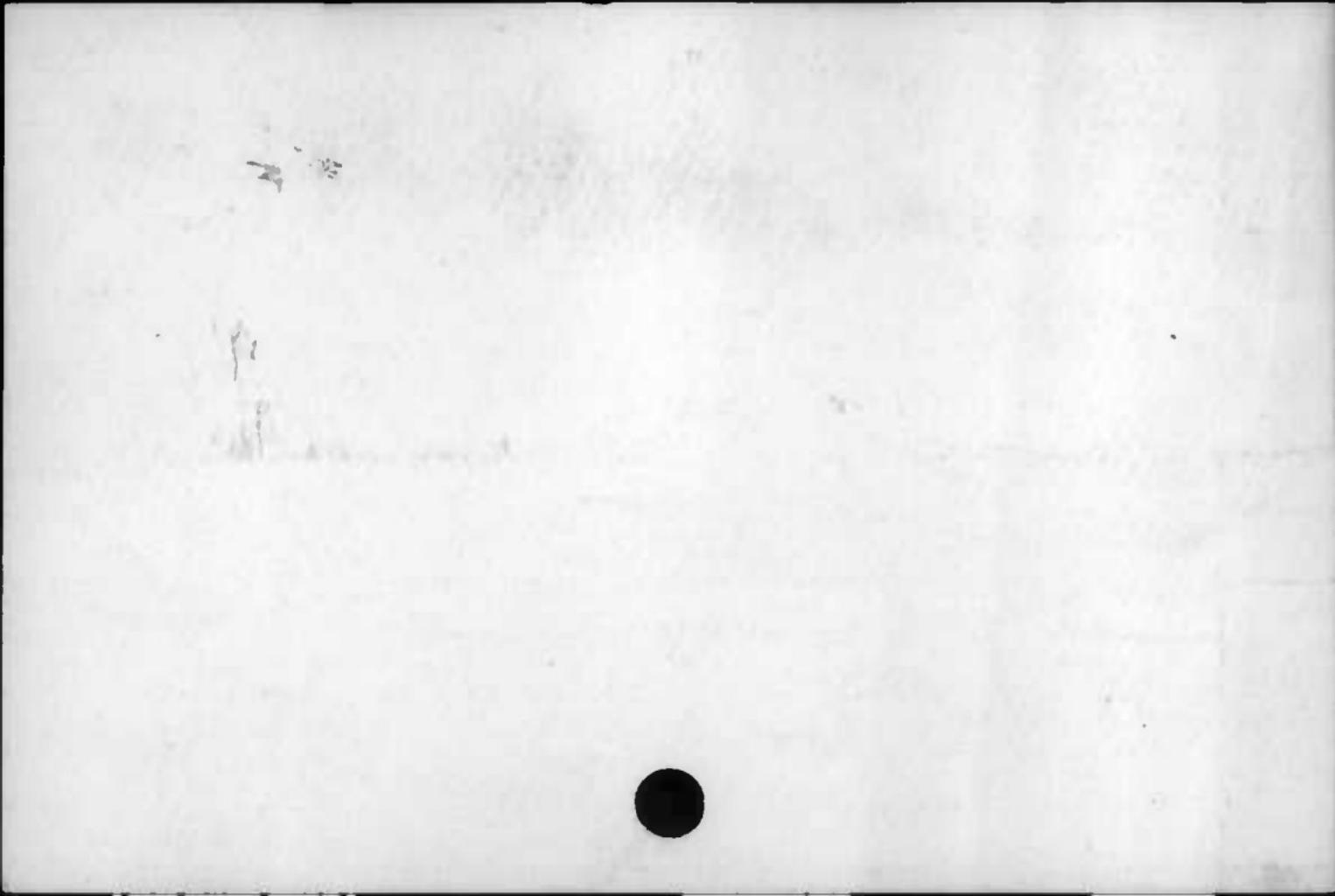
Address

John A. Cox

J.B.

Md

Accident or Suicide?



Name  
in  
Full

Beyson C Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Brown

County  
Prince Geo

MARYLAND

Date  
of death

190 89

Month

Day  
25

Years

Age —

Months  
8

Days  
—

Sex

Male

Color or  
Race  
Negro

Birth-  
place  
Brown Md

Occupation

Worm

Where Residing if not  
at place of death  
Brown

Married, Single  
or Widowed

Single

Name of Wife or  
Husband  
R Hawkins

Father's  
Name

R Hawkins

Father's  
Birthplace

Hales Md

Mother's  
Maiden Name

Rachael Brandford

Mother's  
Birthplace

Dardouville Md

Name of person giving  
Information

R Hawkins

How related  
to deceased

CAUSES OF DEATH

14

Primary

Dysentery

Sue Bush

How long

Immediate

as

pegs " "  
R. W. Mulliken  
Oxon Hill Md  
Aching bowels

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Accident or Suicide?

in Boston  
Collecting  
Have the man to buy them  
and to go with us for whom  
written and signed by you

Mark

Name  
in  
Full

Nameless Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

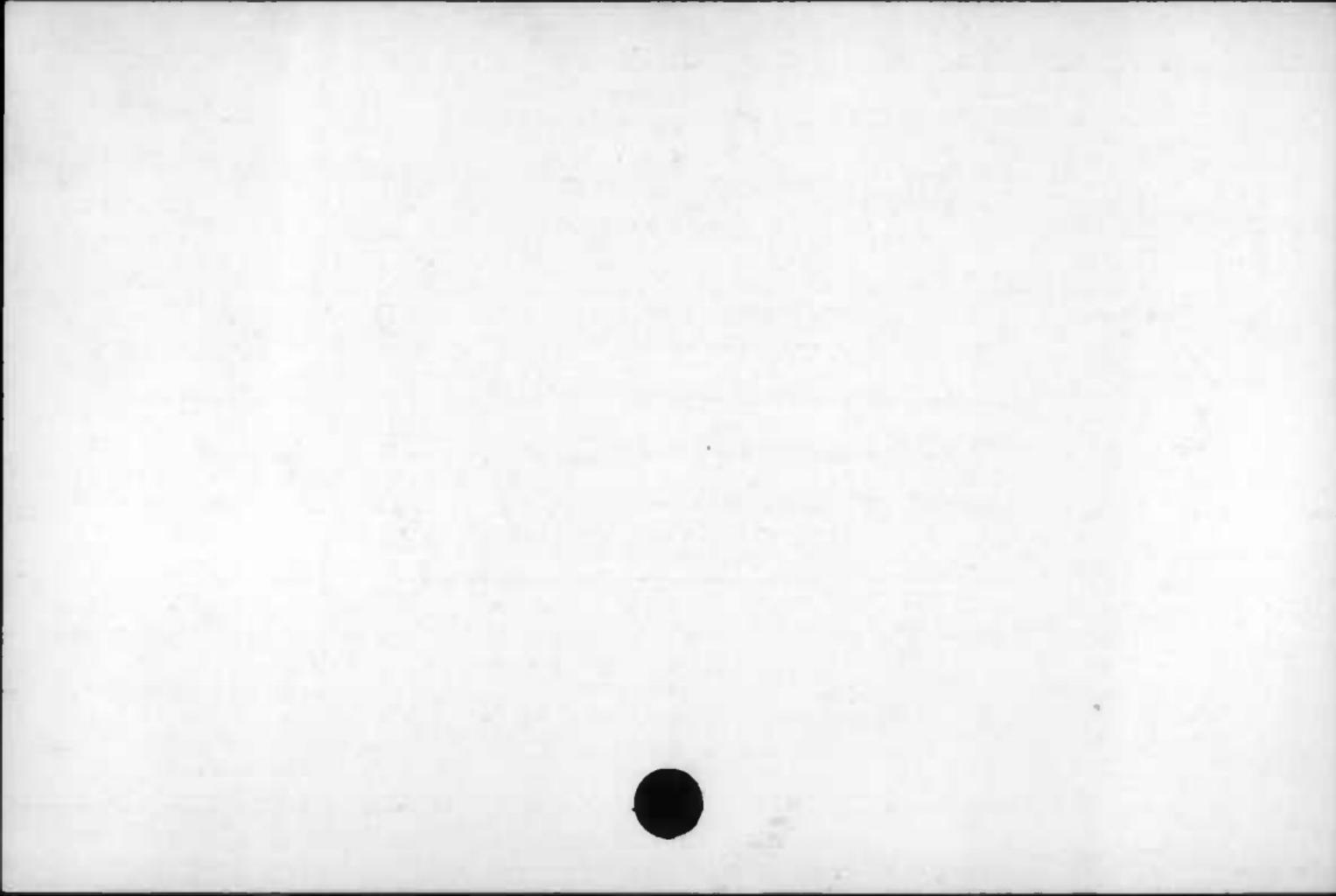
Died at <u>Silver Hill</u>		Town	County <u>Park</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>9</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>					
Occupation <u>—</u>	Where Residing If not at place of death <u>Home</u>						
Married, Single or Widowed	Name of Wife or Husband <u>—</u>						
Father's Name <u>Edward L. Hill</u>	Father's Birthplace <u>Md.</u>						
Mother's Maiden Name <u>Parvina Glynn</u>	Mother's Birthplace <u>Md.</u>						
Name of person giving information <u>Edward L. Hill</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Prevalent birth</u>	How long <u>—</u>
Immediate <u>Underdeveloped vitality</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G.P. Simpson M.D.</u>
Address <u>Rosicroft Md.</u>	
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary (Edel) Hunter

CERTIFICATE OF DEATH

Died at Clinton		Town	P.G.	County	MARYLAND	
Date of death	1908	Month Sep	Day 29	Years 84	Months	Days
Sex	Female	Color or Race	White	Birth-place	Ind	
Occupation	Woooccupation		Where Residing if not at place of death	Attorney		
Married Single or Widowed	Name of Wife or Husband		Josephine Hunter			
Father's Name	Ben Edel and others		Father's Birthplace	Ind		
Mother's Maiden Name	Mary Edel		Mother's Birthplace	Ind		
Name of person giving information	Jas. F. Wallers		How related to deceased	Cousin-Lad		

CAUSES OF DEATH

104

Primary

Hemorrhage (of stomach)

How long

2 minutes

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

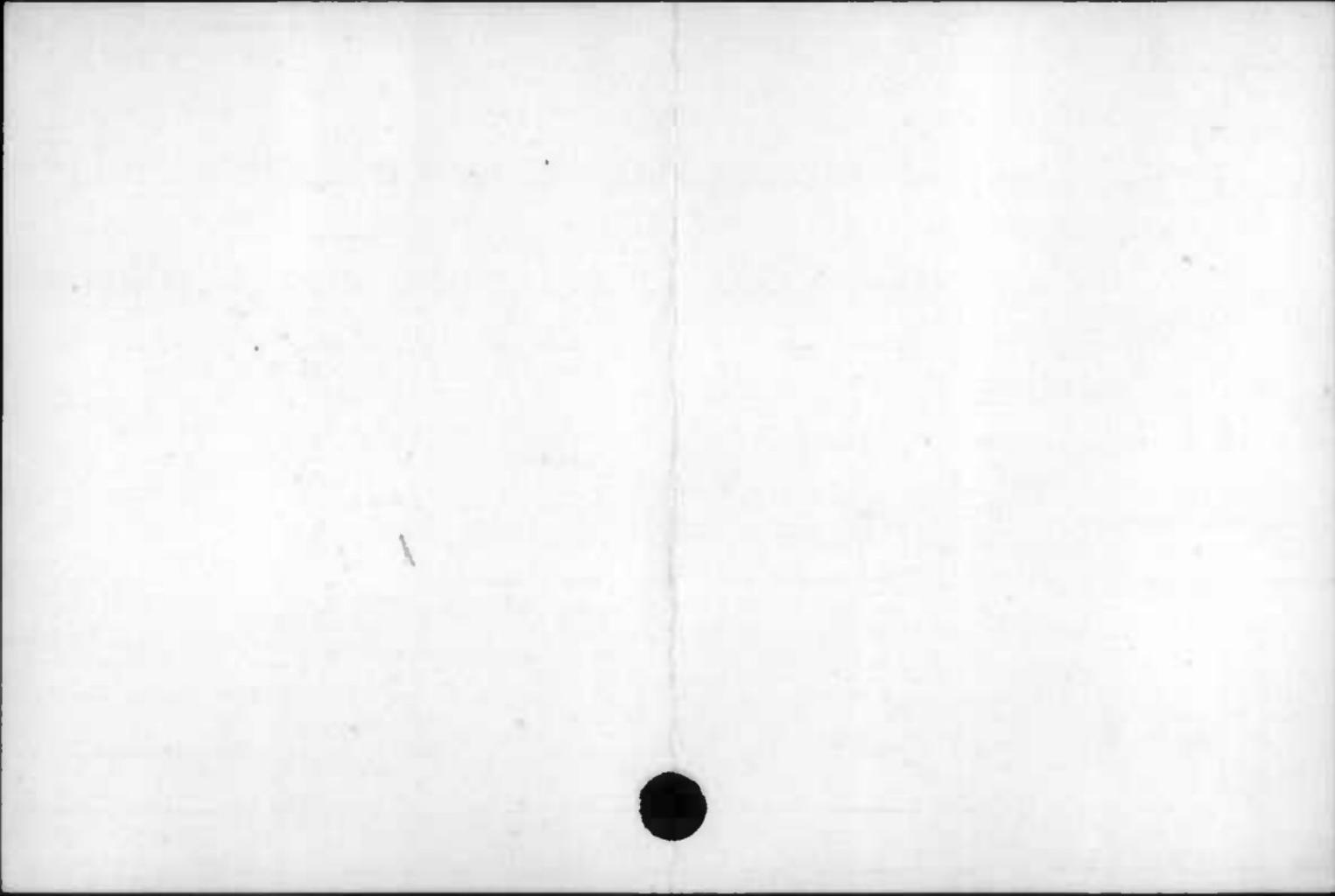
Yes

Signature of Physician

Address

Jas. F. Wallers  
Clinton,

Accident or Suicide?



Name  
in  
Full

Ellen Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1908 Sept 24 10 0

Female Colored MD

None

single

Thomas Johnson MD

Mary Spencer MD

Thomas Johnson Father

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Ellen Collieris

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

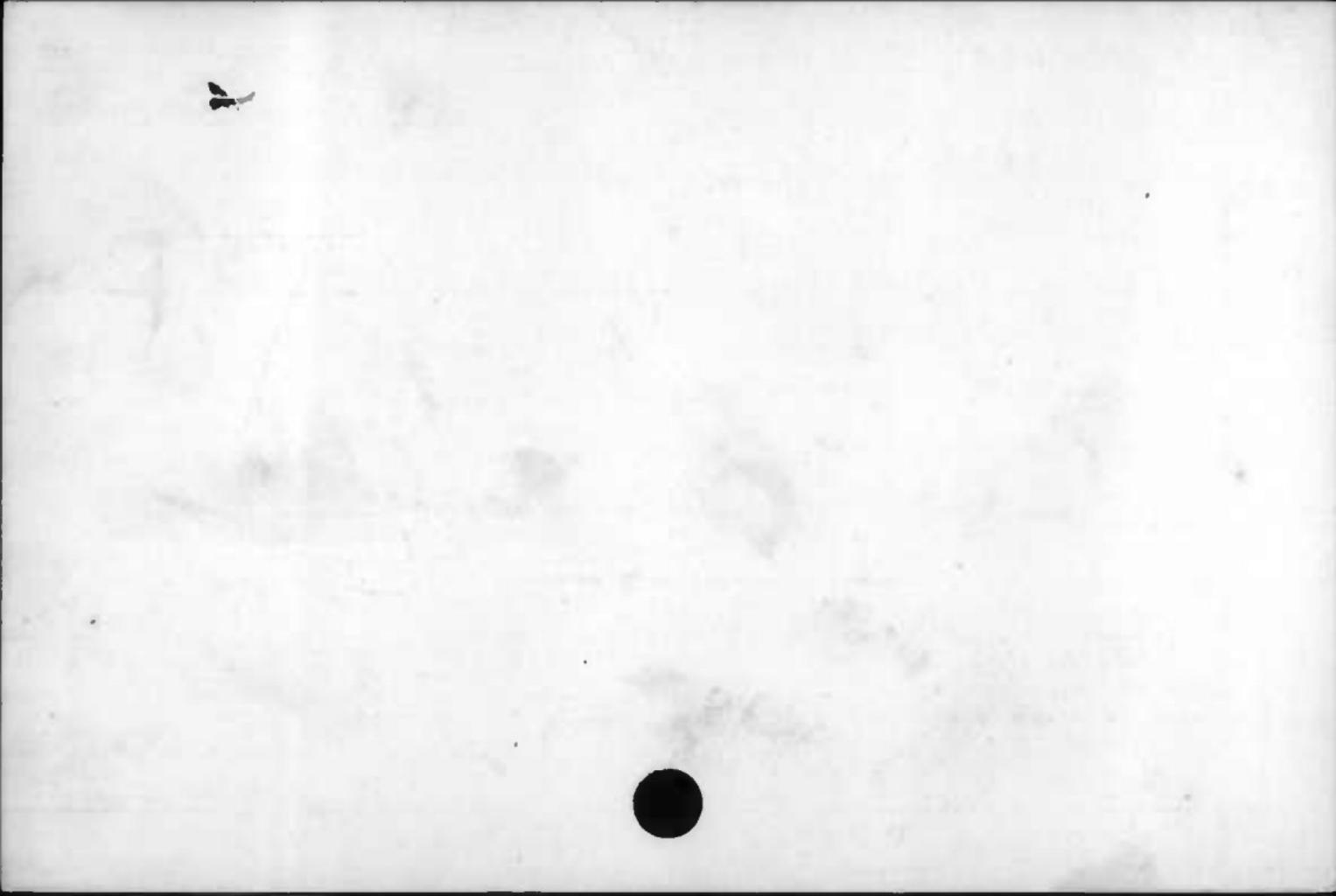
yes

Signature of Physician

Address

Ed. Gibbons  
Crown MD

Accident or Suicide?



Name  
in  
Full

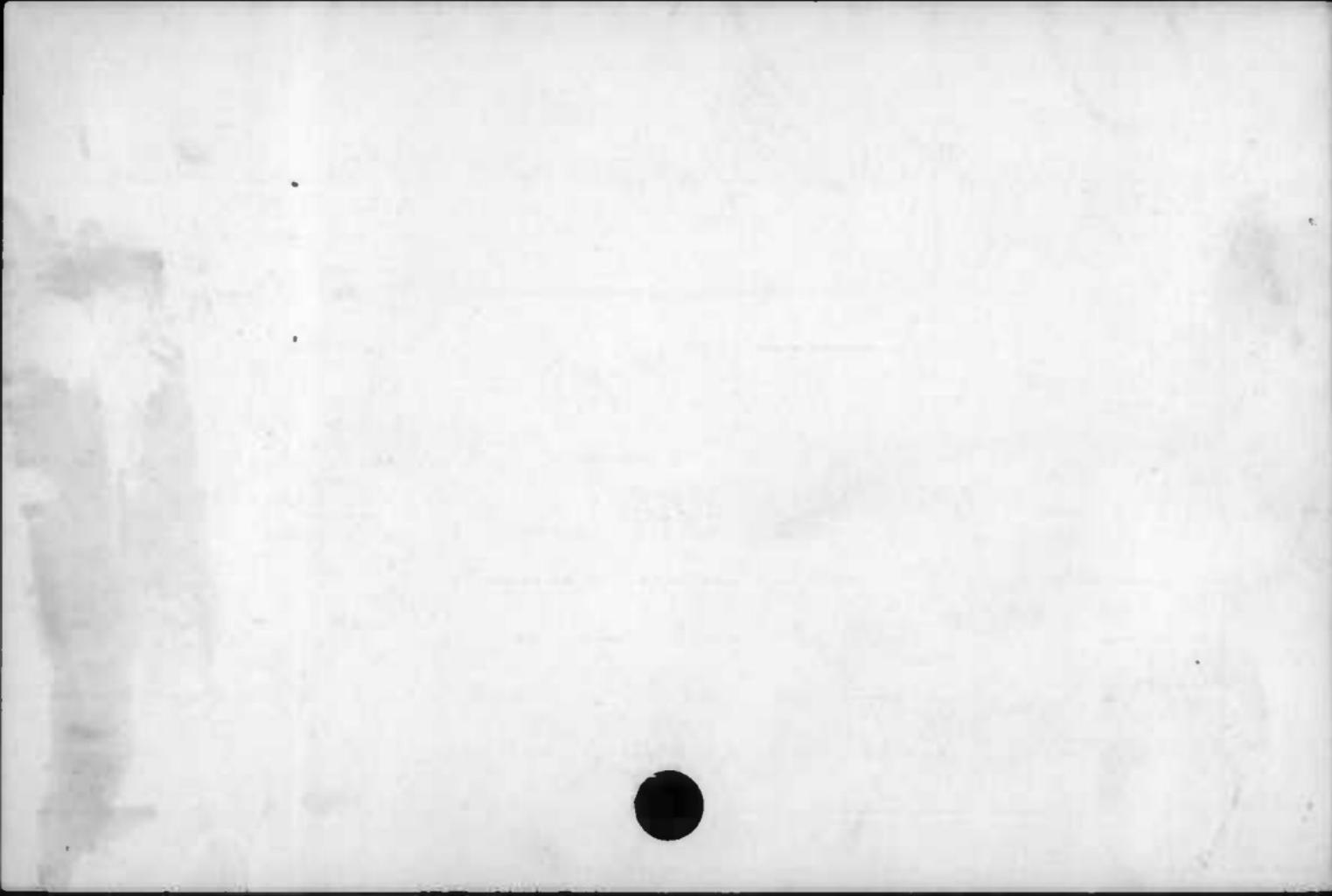
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Up. Marlboro</u>		Town	<u>Pisc.</u>	County	MARYLAND		
Date of death <u>1908</u>	Month <u>9</u>	Day <u>14</u>	Age <u>26</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>William H Kidwell</u>	Father's Birthplace <u>Md</u>						
Mother's Maiden Name <u>Julian D. Carter</u>	Mother's Birthplace <u>Md</u>						
Name of person giving information <u>William H. Kidwell</u>	How related to deceased <u>Father</u>						
CAUSES OF DEATH							
Primary	<u>Typhoid fever</u>						
Immediate	<u>Intestinal hemorrhage</u>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Rudolph Saecker</u>				
		Address	<u>Up. Marlboro</u>				

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaret Annie Lankhardt

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
of death 1909	Month	Day	Years	Months	Days
Sex Female	Color or Race	Age	Birth-place Hyattsville		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace D.C.	
Mother's Maiden Name	May E Heider		Mother's Maiden Name	Mother's Birthplace D.C.	
Name of person giving Information	Geo H Lankhardt		How related to deceased		

CAUSES OF DEATH

93

Primary	Labor & Pneumonia	
Immediate	Asthenia	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>J</i>		Address
Accident or Suicide?		Rose Lankhardt Hyattsville



Name  
in  
Full

Ronald Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

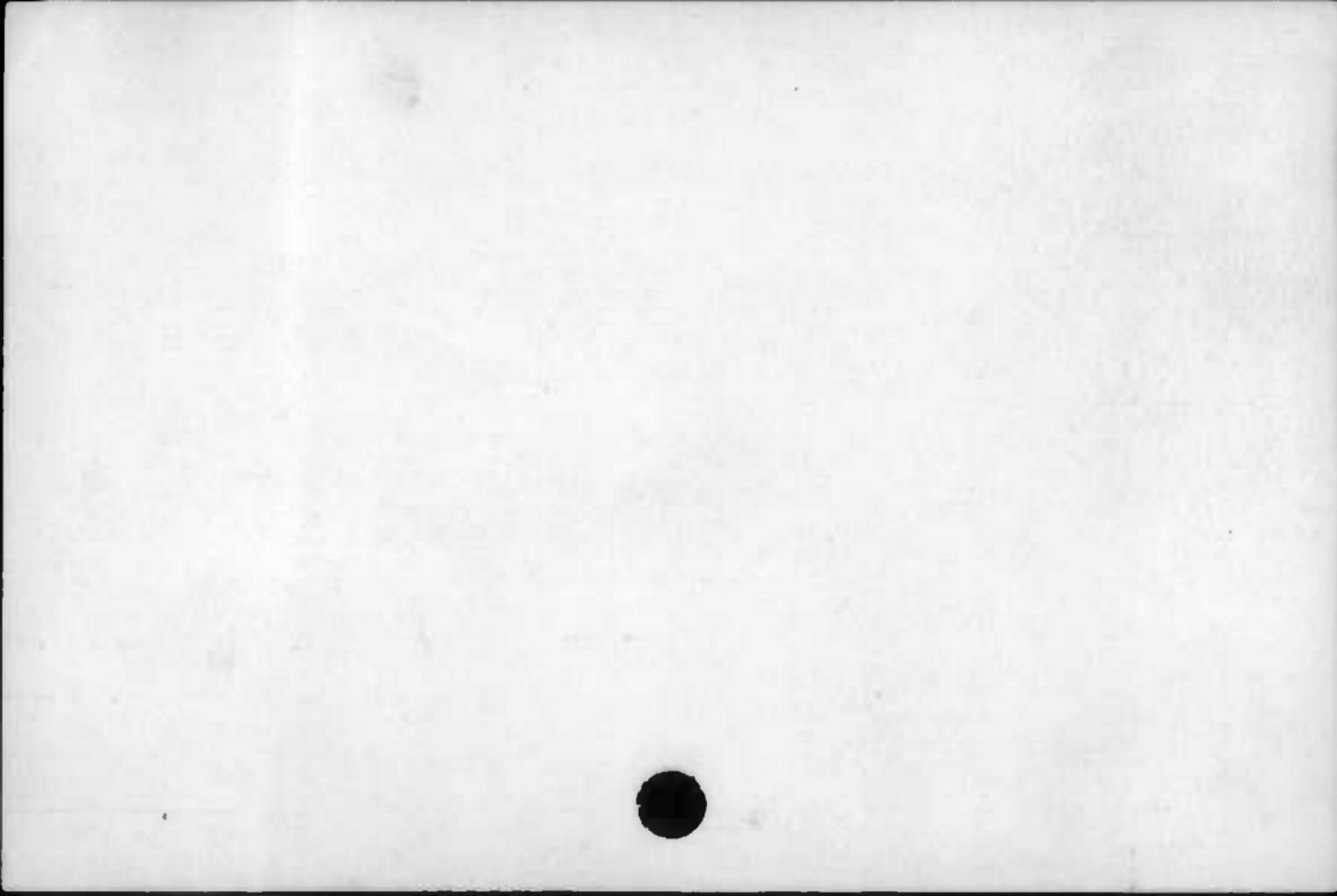
Died at	Town	County	MARYLAND
Suitland	Bruce George		
Date of death	Month	Year	Days
1908	Sept	16	16
Age	Months		
Sex	Color or Race	Birth-place	
Male	White	Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	A. C. Moore	Father's Birthplace	Md.
Mother's Maiden Name	Lillian Allen	Mother's Birthplace	Md.
Name of person giving information	a. C. Moore	How related to deceased	Father.

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Marasmus	
Immediate	Collapse	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
John E. Sawtley, M.D. Forestville, Md.		
Accident or Suicide? Neither		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Janie Pinkney  
Died at Town, County  
near Piscataway R.R.

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days  
of death 1908 Sept 10 Age 30 — —

Sex Female Color or Race Colored Birth-place 2nd

Occupation Housewife Where Residing if not at place of death At home

Married, Single or Widowed Name of Wife or Husband married A. Pinkney

Father's Name Joe Duckett Father's Birthplace 2nd

Mother's Maiden Name Clarissa Duckett Mother's Birthplace 2nd

Name of person giving information A. Pinkney How related to deceased Husband

CAUSES OF DEATH

Primary Angiocorditis

(79)

How long

short while

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

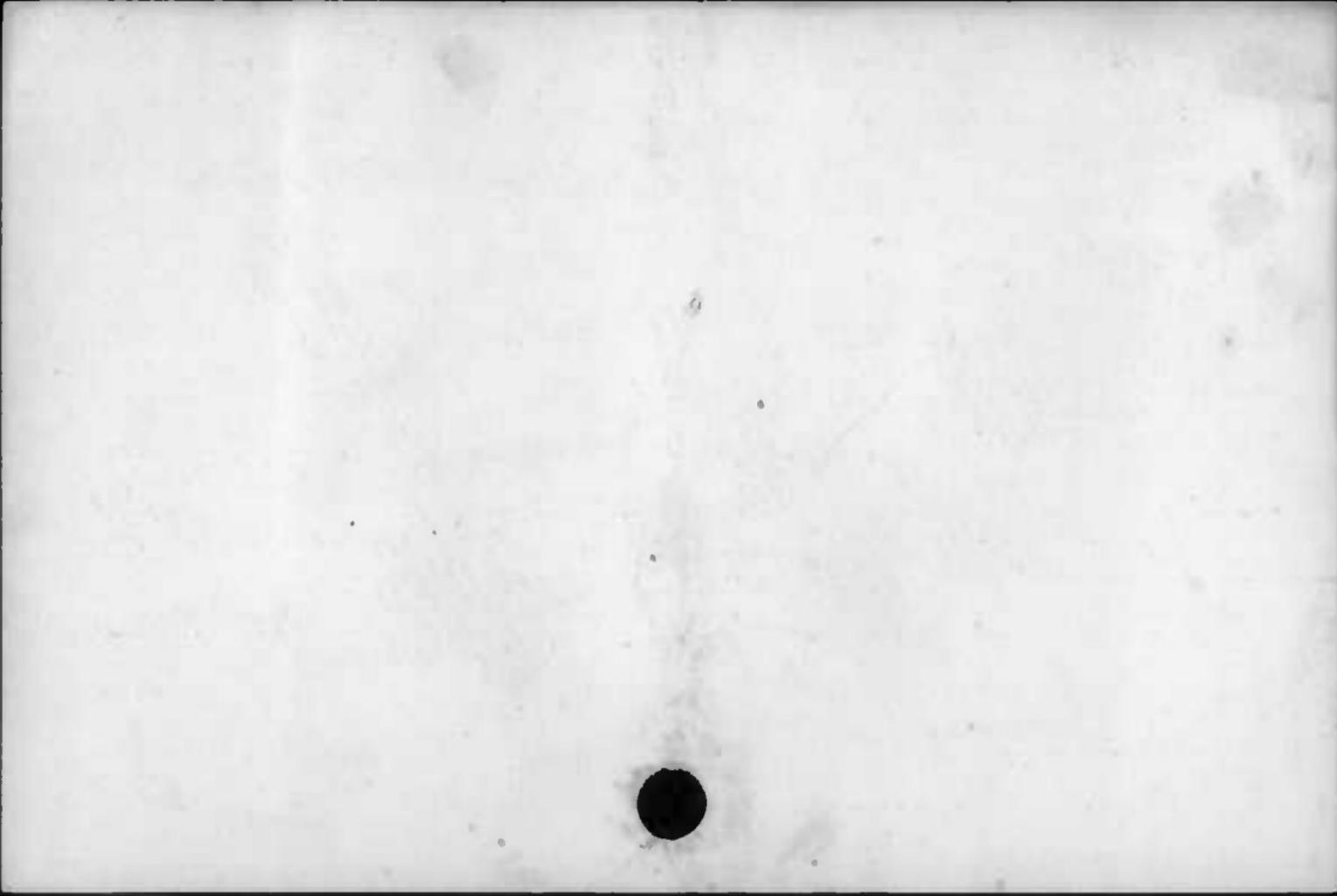
Signature of Physician

G. O. Monroe

Address

Waldorf 2nd

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Meade Raborg

CERTIFICATE OF DEATH

Died at • Town Thurirkirkland Prince Geo Co MARYLAND  
Date Month Day Years Months Days  
of death 1908 Sept 28 Age 39

Sex Female Color or Race White Birth-place Thurirkirkland

Occupation Where Residing if not  
at place of death

Married, Single Married Name of Wife or Husband William A. Raborg

Father's Name Lucy Meade

Father's Birthplace N.York

Mother's Maiden Name Miss Cole

Mother's Birthplace " "

Name of person giving Information Josephine Elliott

How related to deceased Nernal

CAUSES OF DEATH

27

How long

Don't know

Primary Tuber colasis

How long

Immediate Was aware when died her

Are the name, age, sex, color, date  
and place correctly given above?

Don't know

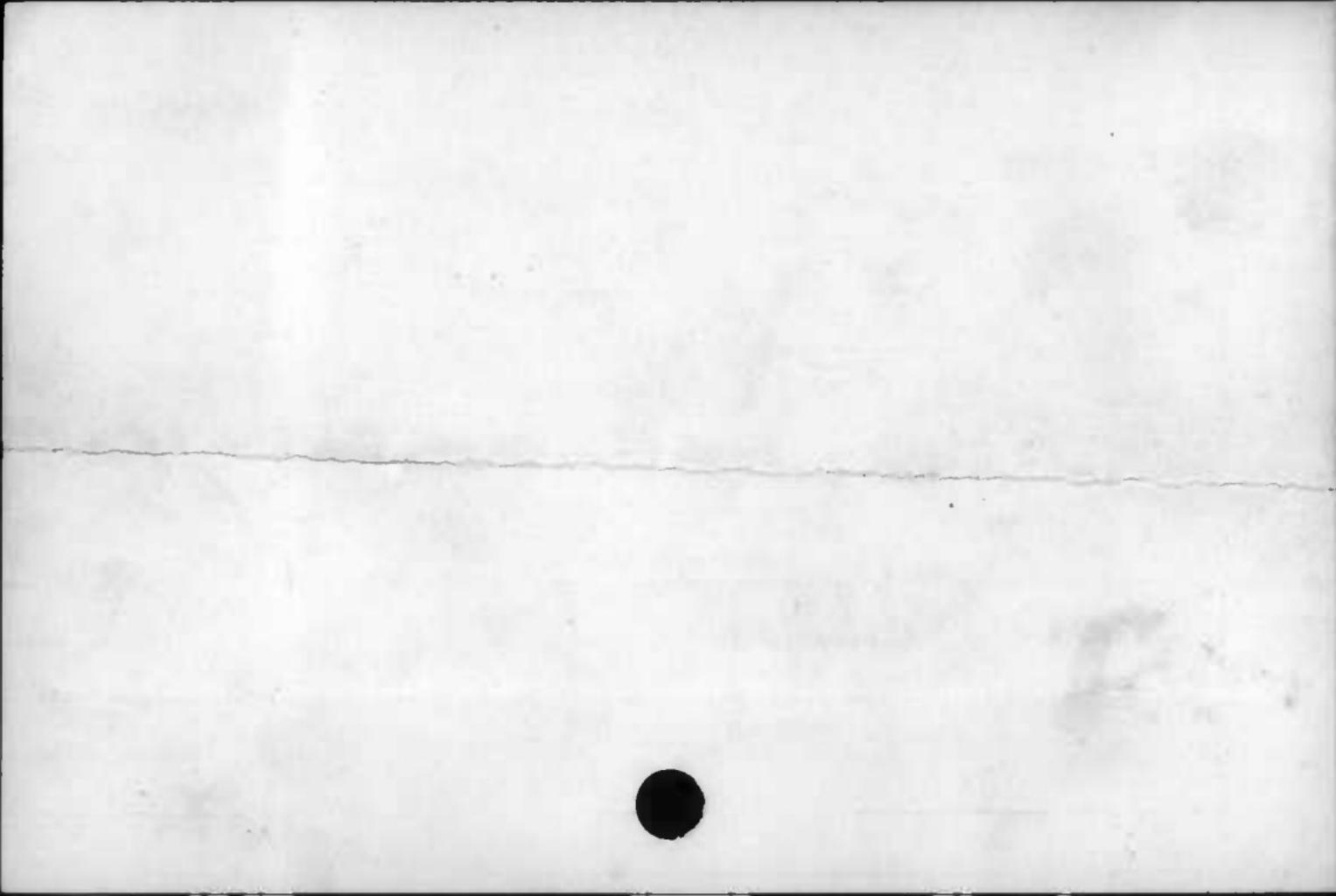
Signature of Physician

C. A. Fox

Address

Belleme mat

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

No name Rawlings

CERTIFICATE OF DEATH

Died at Northkeys

Town

Date of death 1908

Month

Day

County

Years

Months

Days

Prince George

MARYLAND

Sex male

Color or Race

white

Birth-place

Northkeys, Md

Occupation \_\_\_\_\_

Where Residing if not  
at place of death \_\_\_\_\_

Married, Single  
or Widowed \_\_\_\_\_

Name of Wife or  
Husband \_\_\_\_\_

Father's  
Name

John P. Rawlings

Father's  
Birthplace

2nd

Mother's  
Maiden Name

Cora Kidwell

Mother's  
Birthplace

2nd

Name of person giving  
Information

John P. Rawlings

How related  
to deceased

father

CAUSES OF DEATH

Primary

Still born

S

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

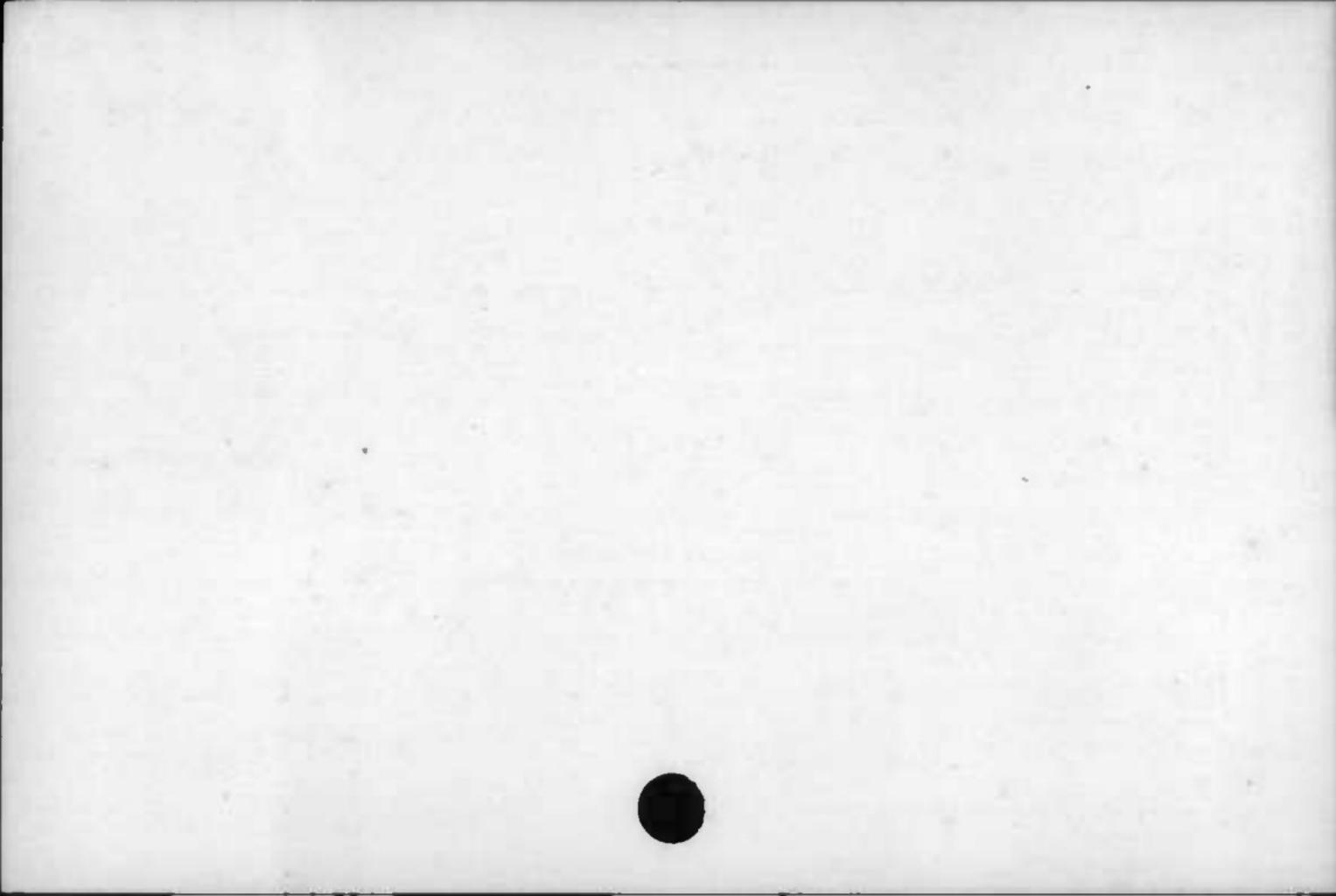
Address

Ernest W. Garner

Act' Coroner

Northkeys, Md.

Accident or Suicide?



Name  
in  
Full

Laura Schroeder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Died at Laurel	Laurel	Oceco			
Date of death	Month	Day	Years	Months	Days
1908	Sept.	30	Age	1	2
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	Infant	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Albert F. Schroeder				
Mother's Maiden Name	Alice Neumann				
Name of person giving Information	Albert F. Schroeder				

## CAUSES OF DEATH

105

Primary Enteritis  
How long 14 days.  
Immediate Intestinal Hemorrhage Fed her.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Harkness MD

Laurel

Accident or Suicide?

15  
16

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Almira Sherman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Isaac G. Sherman		
Father's Name	John Edmonds			
Mother's Maiden Name	Leah Doty			
Name of person giving information	W.H. Van Loan			

CAUSES OF DEATH

79

Primary

Cardiac Neurosis & Myocarditis several years

How long

Immediate

Indigestion acute & Cardiac asthma

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

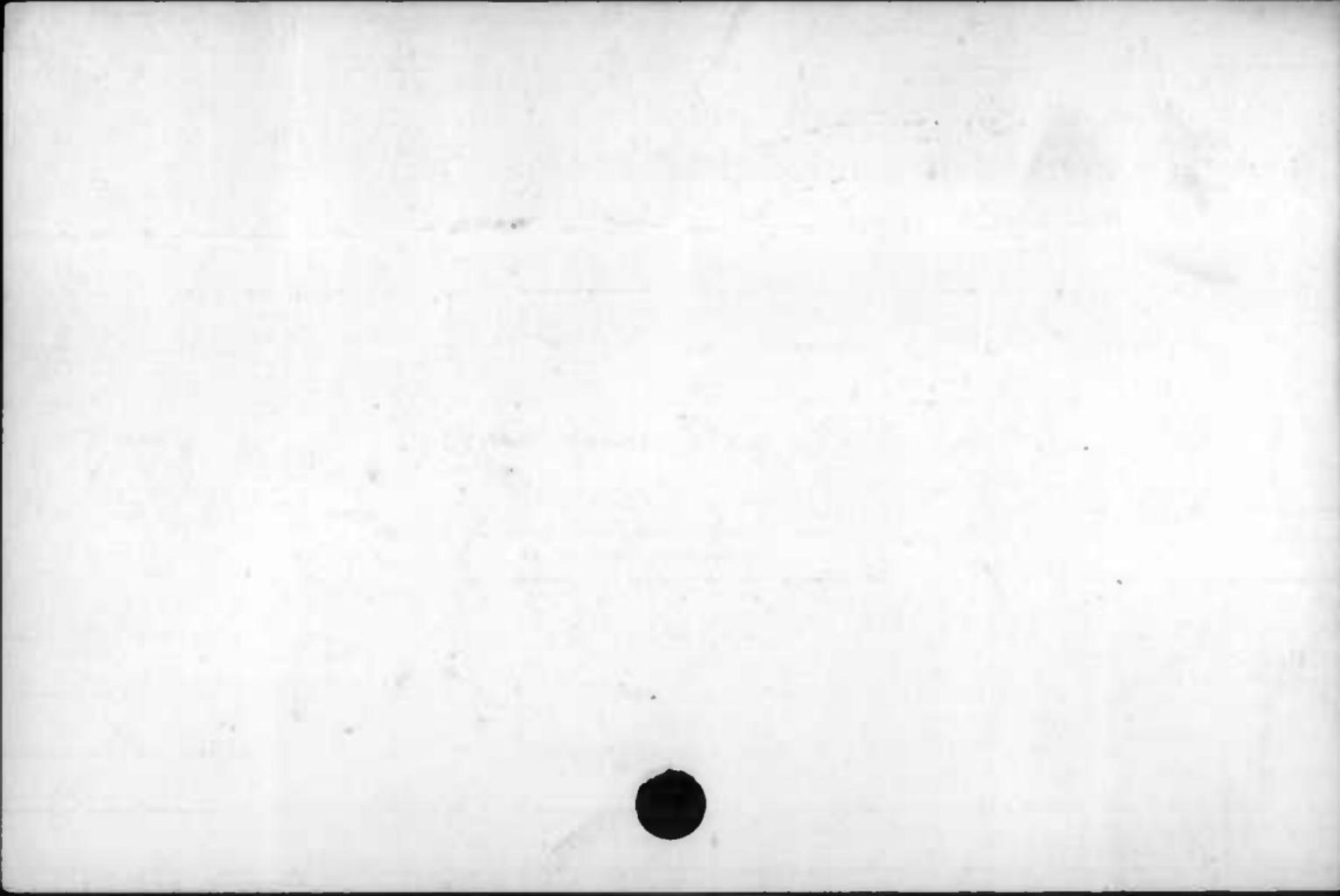
Signature of Physician

Alvira Sherman MD

Address

Hypatiaville

Accident or Suicide?



Name  
in  
Full

William Singletin

CERTIFICATE OF DEATH

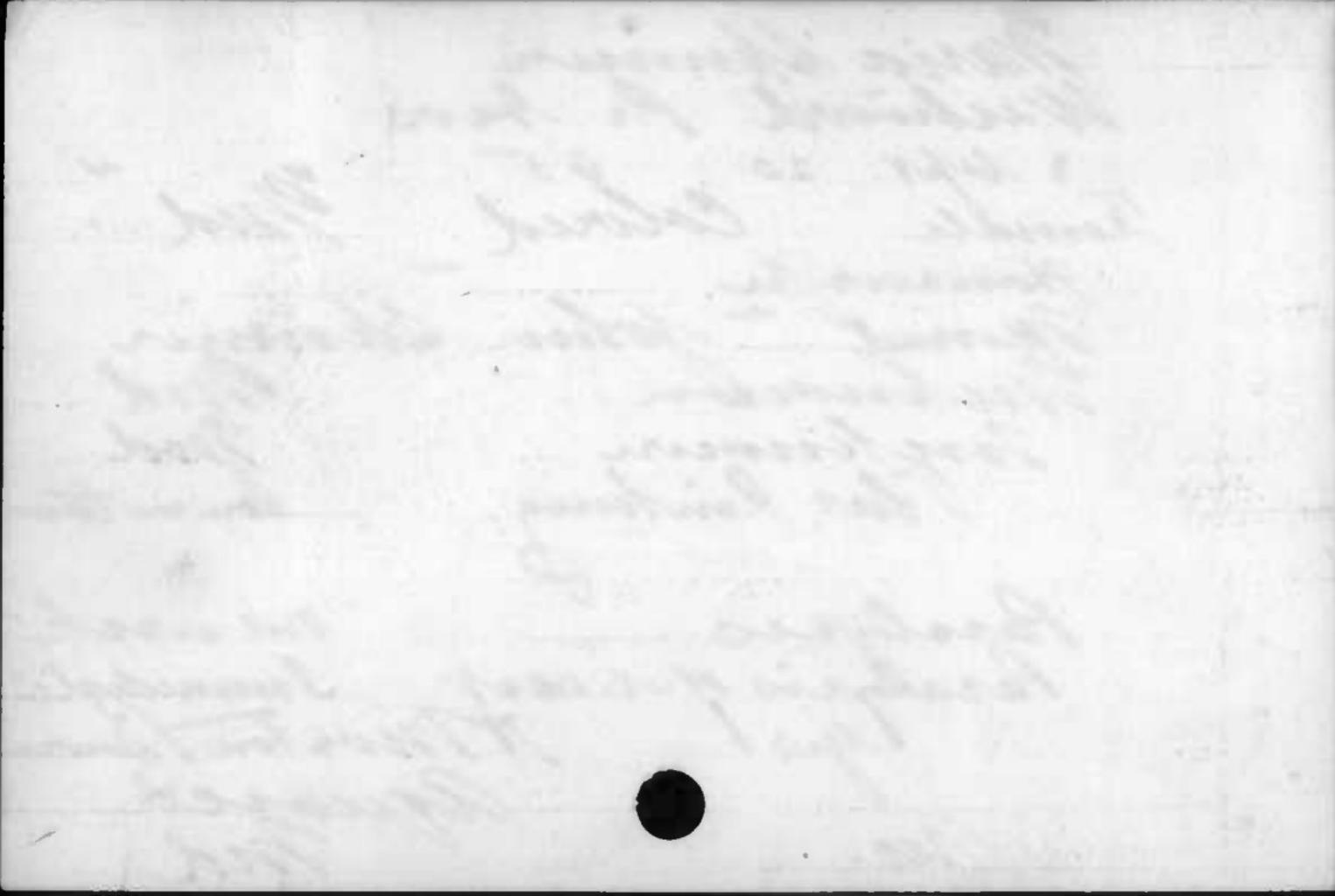
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Centreville	Prince George			
Date of death	Month	Day	Years	Months	Days
1908	Sept.	22	Age 68		
Sex	Male	Color or Race	Brown	Birth-place	Virginia
Occupation	Taborer				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Julia Singletin				
Mother's Maiden Name	Unknown				
Name of person giving information	William Singletin				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long
Immediate	Cardiac Failure		7 yrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		W. F. Taylor M.D.	Suddenly
		Laurel Md	
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Skinner			Father's Birthplace	Md
Mother's Maiden Name	Unknown			Mother's Birthplace	Md
Name of person giving Information	Thee Pinckney			How related to deceased	Daughter-in-law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

(66)

How long

one week

Immediate

Paralysis of heart

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

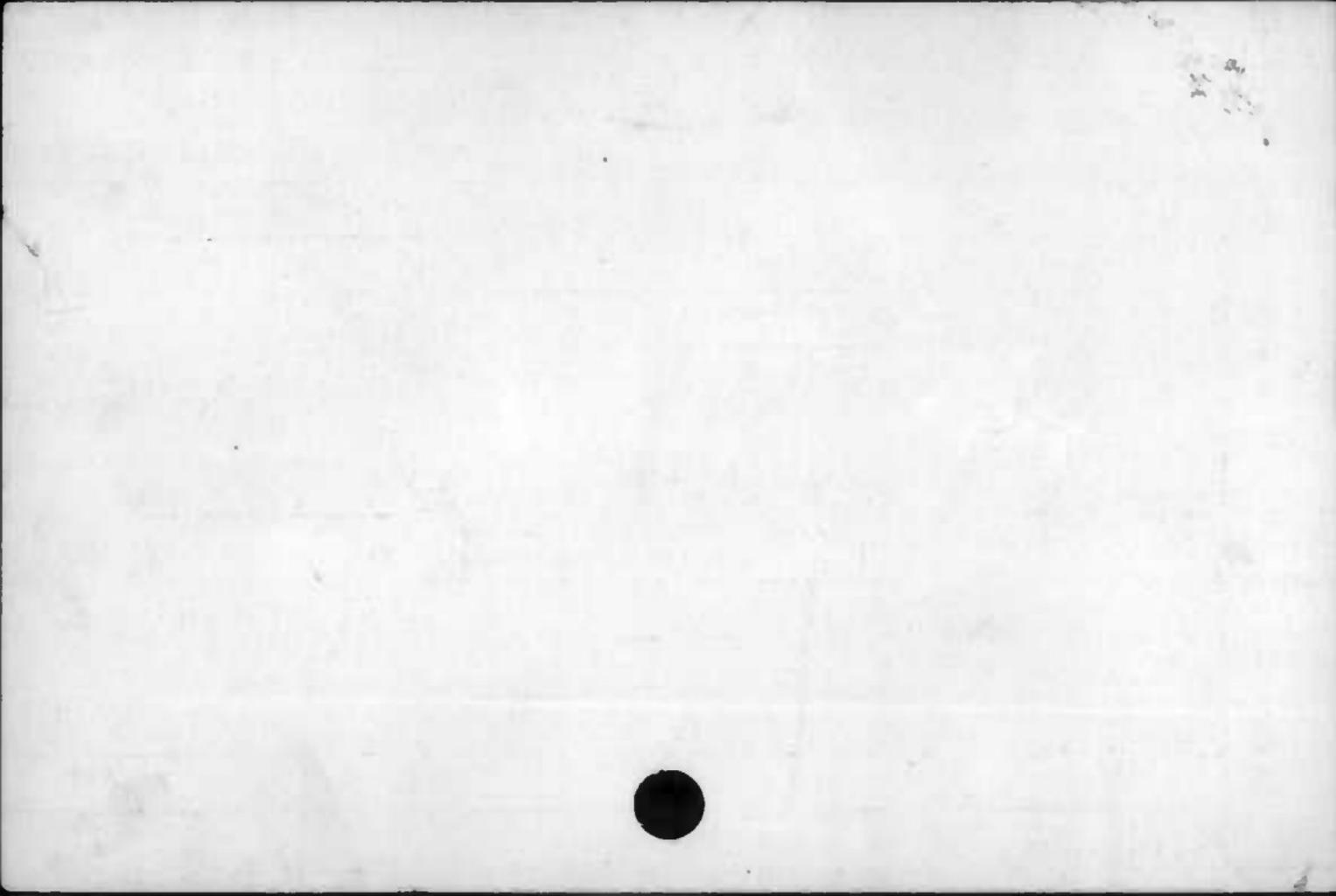
Address

N. Marion Brown

Accident or Suicide?

No.

Aquaques  
Md



Name  
in  
Full

Mary Slepkeuson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

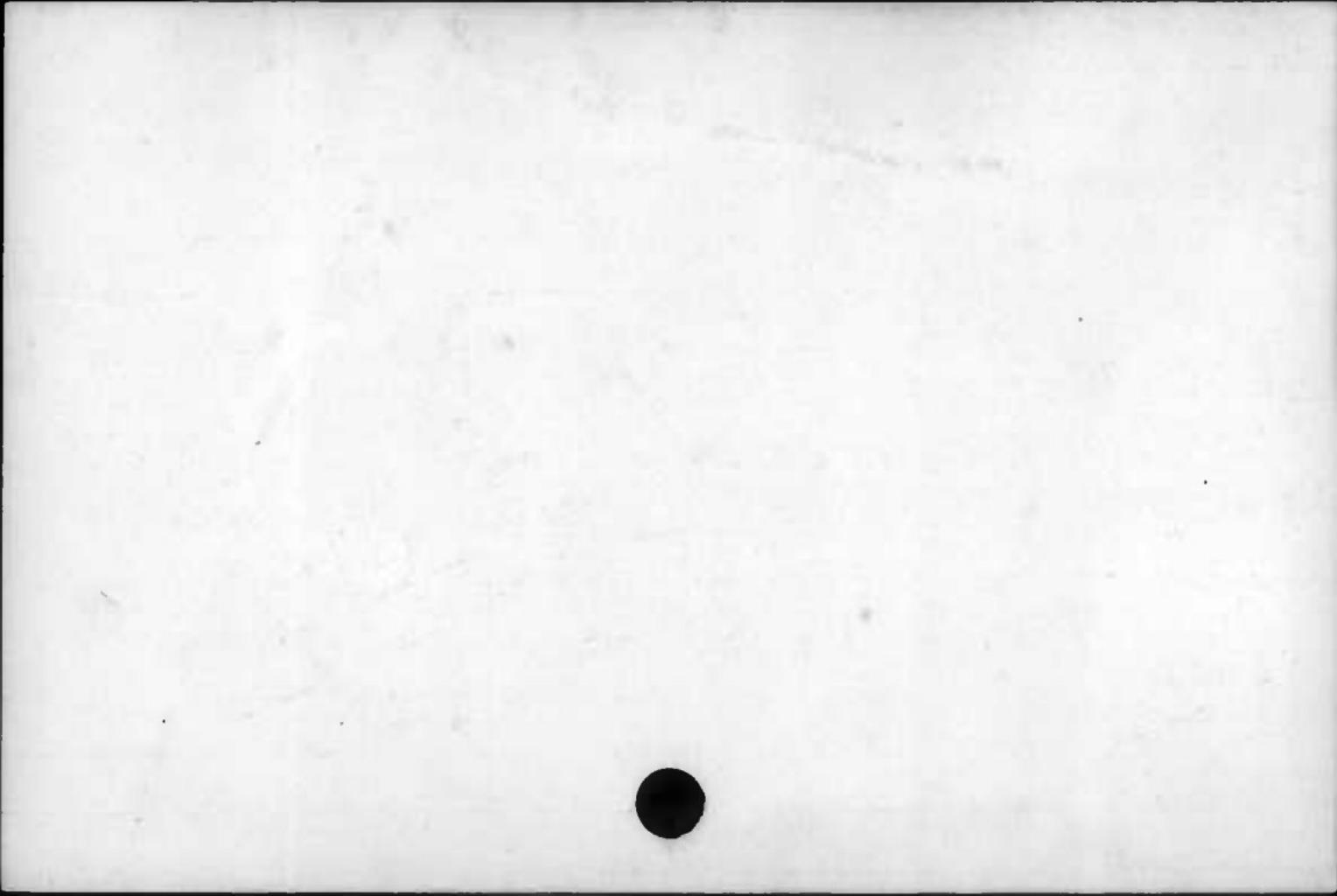
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Daniel Slepkeuson		
Father's Name	Charles Leamphor		Father's Birthplace	Md	
Mother's Maiden Name	Tuckerow		Mother's Birthplace	Md	
Name of person giving information	Daniel Slepkeuson		How related to deceased	Huband	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	acute Tuberculosis		How long	6 months
Immediate	Aspergilla		How long	48 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John E. Sausbury	
Accident or Suicide?	Neither	Address	Germantown Md	



Name  
in  
Full

Agnes Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph Stewart				
Mother's Maiden Name	Marie Douglass				
Name of person giving information	Elizabeth Stewart				

CAUSES OF DEATH

130

How long

one weeks

How long  
in

Primary

Natural Causes

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Augustus H Dahler, Jr.,  
Bladensburg Md  
acting Coroner

Accident or Suicide?

No 2

Name  
in  
Full

Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND
Date of death	Month	Day	Years	Months
1908	Sept	12	Age	15 hours
Sex	Color or Race	Birth-place		
female	white	Mer		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single	Gro. V. Thompson	Mer		
Father's Name	Father's Birthplace			
Gro. V. Thompson	Mer			
Mother's Maiden Name	Mother's Birthplace			
Bessie V. Ward	Mer			
Name of person giving information	How related to deceased			
Gro. V. Thompson	Father			

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary

Congenital Heart Disease

How long

15 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

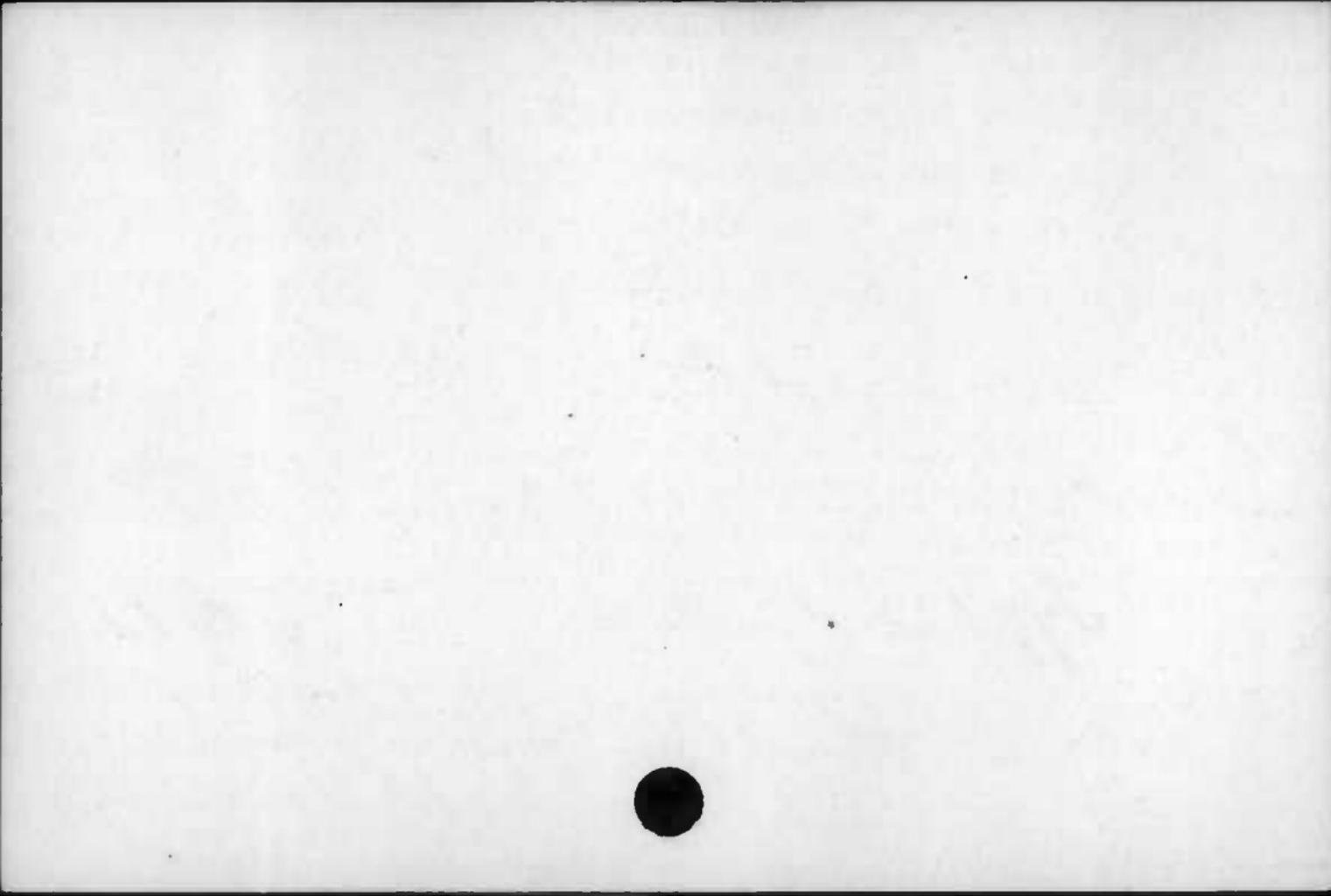
John A. Roe

Address

I.B.

Accident or Suicide?

nd



Name  
in  
Full

Elsie Dyer Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Sept	30	7		
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William H. Tolson				
Mother's Maiden Name	Julia Dyer				
Name of person giving information	William H. Tolson				

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary

Syphilis -

How long

3 weeks.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Minato

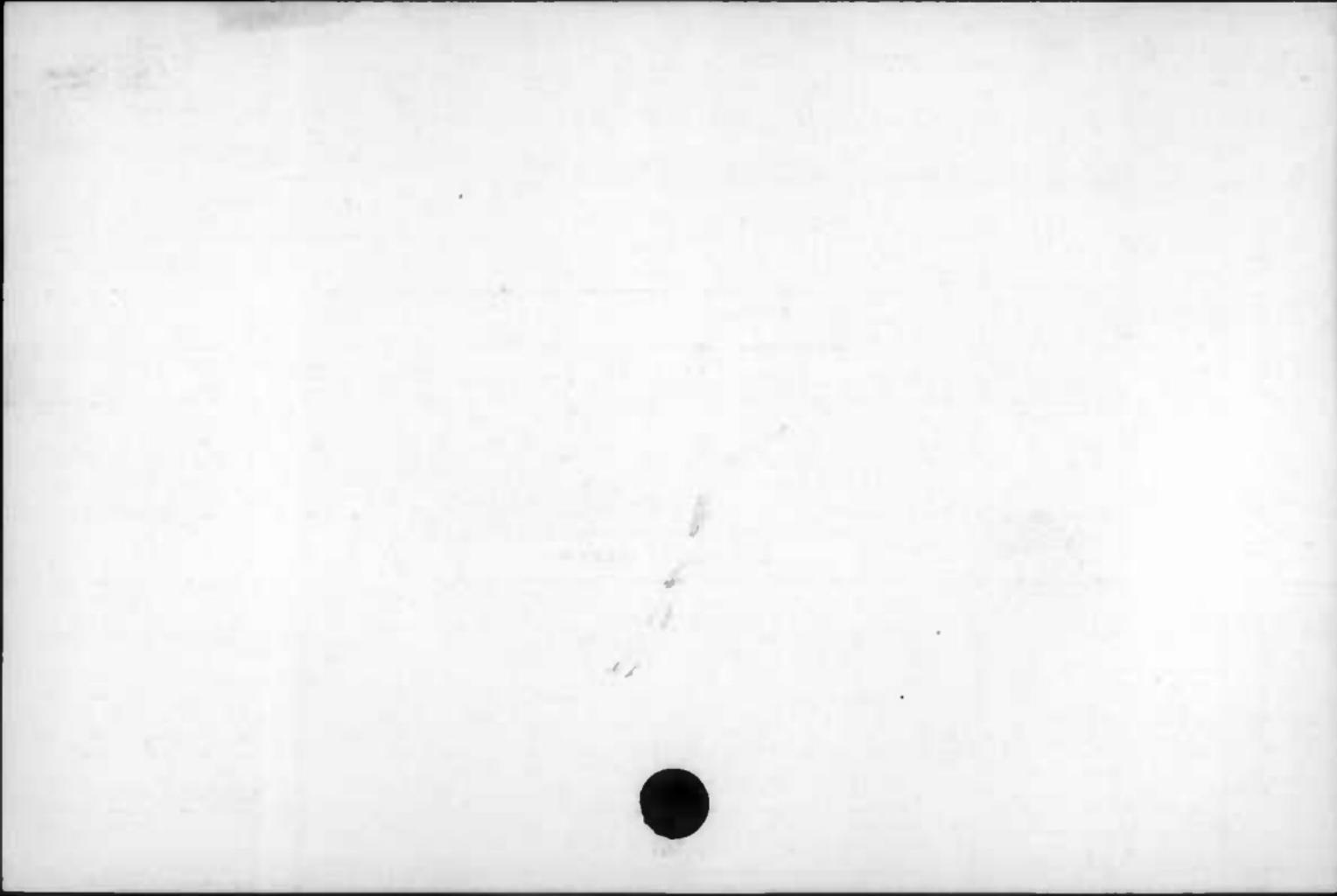
Signature of Physician

Address

Dr. Griffith

Upper Marlboro,  
Md

Accident or Suicide?



Name  
in  
Full

Mary Louise Waller.

CERTIFICATE OF DEATH

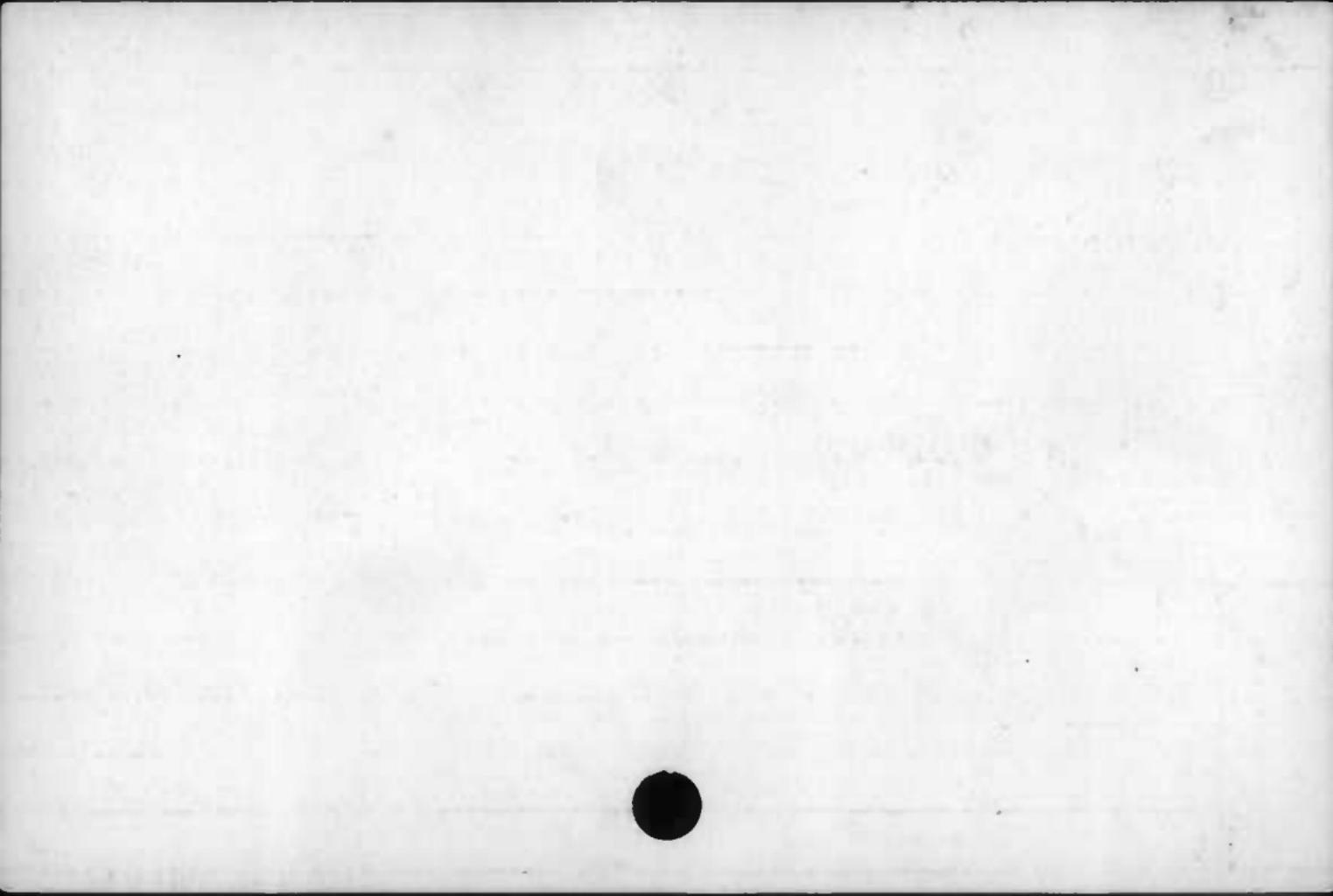
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	7	9	9
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Miss Lula Waller			
Father's Name	John W. Waller				
Mother's Maiden Name	Magriva Hicks				
Name of person giving information	Mrs. J. R. England				

CAUSES OF DEATH

61

Primary	Epitaxic cerebral spinal meningitis	
immediate	Asthma	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Elijah P. Webster

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 9	Day 15	Years 61	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Farmer		Where Residing if not at place of death	Homes		
Married, Single or Widowed	Name of Wife or Husband		Maggie	Father's Birthplace	Md.	
Father's Name	George Webster			Mother's Birthplace	"	
Mother's Maiden Name	Mary Palmer			How related to deceased	Son	
Name of person giving information	John Webster			How long		

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary

Degeneration of Nervous System 1 yr

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

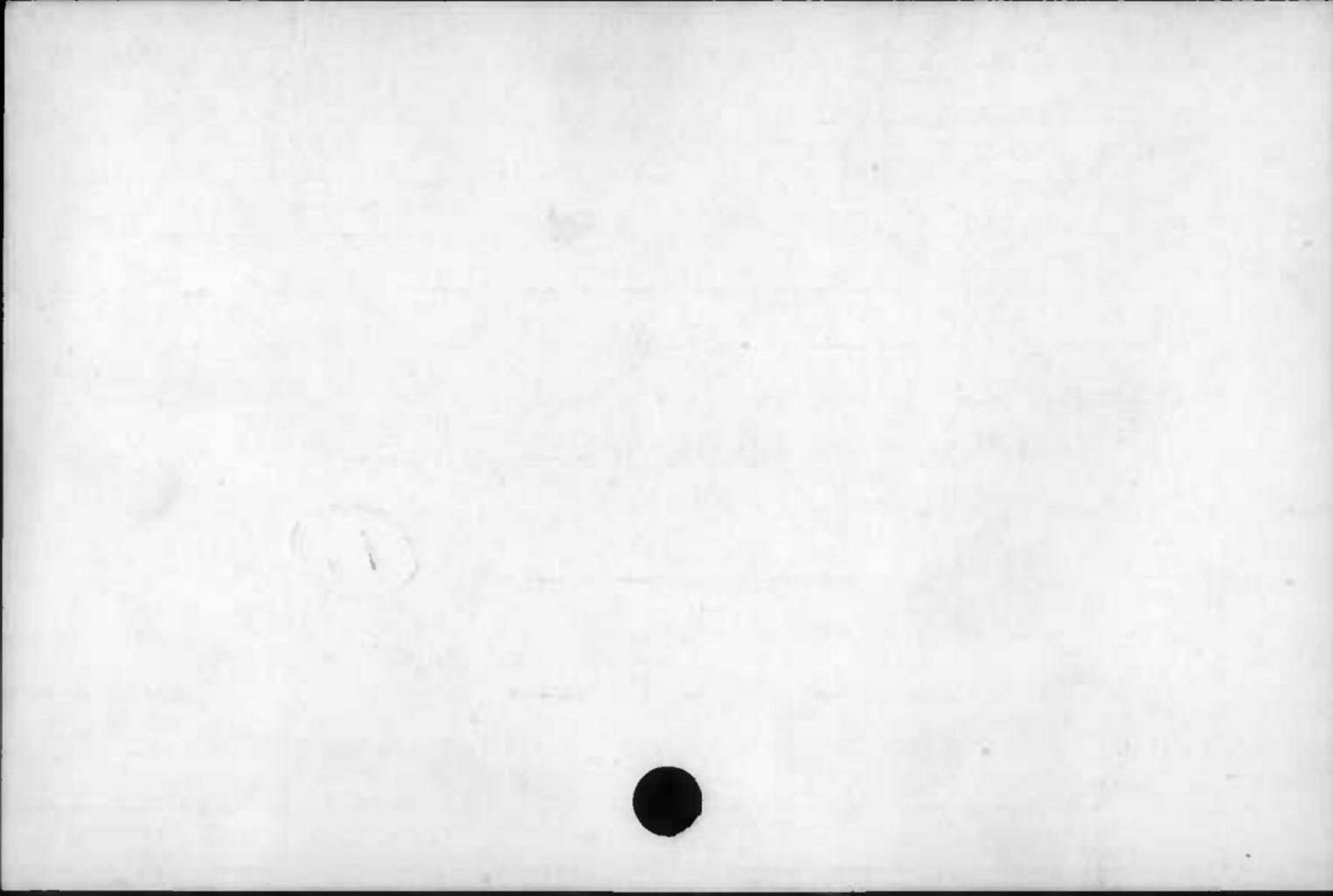
yes

Signature of  
Physician

Address

E.P. Simpson M.D.  
Rockcroft Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY,  
NEAREST FRIEND

CERTIFICATE OF DEATH

Hansell H. Willett

Town

County

Died at

Bowie

P.G.

MARYLAND

Date  
of death

1908

Month

Sept

Day

16

Years

-

Months

1

Days

5

Sex

Male

Color or  
Race

White

Birth-  
place

Bowie Md.

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

-

Father's  
Name

Harford H. Willett

Father's  
Birthplace

Ches. Co. Md.

Mother's  
Maiden Name

Sarah C. Willett

Mother's  
Birthplace

Ches. Co. Md.

Name of person giving  
Information

Harford H. Willett

How related  
to deceased

Father

CAUSES OF DEATH

105

How long

6 days

How long

Primary

Amb. Enteritis

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J.W. Duvall M.D.  
Springfield Md.

Accident or Suicide?

No

